



Check Request Form

| | |
|--------------------------------------|----------------|
| Please Make Check Payable to: | |
| Name: | |
| Address: | |
| City/State/Zip Code: | |
| Phone # | Email Address: |

Please check one:

☐ Check Request

(Attach invoice or copy of order form)

☐ Reimbursement

(Attach all receipts)

☐ Cash Advance

(Any remaining cash balance and all receipts must be turned in within 5 days of cash advance)

| Date | Merchant | Purpose | Budget Category | Amount |
|------|----------|---------|-----------------|--------|
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | Total | \$ |

Requestor's Signature

Date

| For PTO Use Only: | | | |
|---|------------------------|-------|------|
| Check # | | | |
| Date Issued | | | |
| Amount | | | |
| Approved by (if total request is under \$250, only one board member signature needed; if over \$250, two board member signatures are needed) | | | |
| | Board Member Signature | Title | Date |
| | Board Member Signature | Title | Date |
| | | | |
| Entered in: <input type="checkbox"/> Quicken <input type="checkbox"/> Budget | | | |