CHECK REQUEST

	Attach Receipt/Billing Below:
Requestor:	
Date:	
Amount:	
Name:	
Lot#:	
Reason for Purchase: _____ _____ _____ _____	
Approval Information:	
Committee:	
Date:	
Amount:	
Account #: _____ $: _____	
Account #: _____ $: _____	
Account #: _____ $: _____	
Approved By:	
Signature:	*COMMITTEE CHAIR OR CO-CHAIR **MUST** PRE-APPROVE ANY EXPENDITURES*