

Check Request



Basketball for Life!

PO Box 711381
San Diego, CA 92171

Requestor's Name:	Date Submitted:
Requestor's Phone:	
PAYEE INFORMATION	
Name:	Phone:
Address:	City/ST/Zip:
Date Check Needed:	

Payment Description/Explanation:	Project/Cmte/Event:	Amount:
	Total Check Amount:	

Please submit completed and approved form with appropriate invoice(s) to the Treasurer at least two weeks prior to the date check is needed.

Check only one for distribution:

Hold for pickup and call: _____

Send via U.S. Mail to above address

Requestor's Signature: _____ Date: _____

Approved by (including Title): _____ Date: _____

TREASURER'S USE ONLY:				
CHECK DATE:	CHECK #:	AMOUNT:	ACCT # CHARGED:	SIGNATURE: