Check Request Form

Dorchester Garden Club
PO Box 1005
Cambridge, MD 21613-1005

Member Requesting :

Date :

Request for : Reimbursement : Payment to Payee :

Payee Name (for check) :

Amount : $

Description :

I have attached supporting invoice :

Delivery Method (select one) : Hand Deliver : Mail to Payee : Other :

Payee Address :

Budget Category (select one) :

(1) Operating :
(2) Scholarship :
(3) Programs :
(4) Holiday Luncheon :
(5) Trips :
(6) Fundraising :
(7) Projects :
(8) Wreath Workshop :
(9) Flower Show :
(10) Dues / Donations:

For Treasurer's Use Only

Request Received : Date :

Check Number : Check Delivery Date :

Initials :

Comments :