



**CHECK REQUEST FORM**

*Please complete in full*

Payee Name
Address of payee (if to be mailed):
Requested by:
Remarks, reason for expense:

*Please attach receipt copies for record of expense.*

Budget Category	Items/Service	Cost
		\$
Total Requested:		\$

President's Approval/Date \_\_\_\_\_

(Treasurer's Use)

Date Paid:	Check No.:	Initials:	Amount Paid: \$	Cleared Bank:
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