



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:
			\$	

Requests may be mailed to Lois Domsch, 3349 S Scott Ave, Independence, MO 64052, or scanned and emailed to lois@domsch.com