



**CHECK REQUEST FORM**

DATE: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

PROJECT OR PURPOSE OF REQUEST: \_\_\_\_\_

DESCRIPTION OF PURCHASE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MAKE CHECK PAYABLE TO: \_\_\_\_\_

SEND CHECK TO: ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE NUMBER TO CONTACT FOR ANY QUESTIONS: \_\_\_\_\_

EMAIL ADDRESS TO CONTACT FOR ANY QUESTIONS: \_\_\_\_\_

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**For Treasurers Use Only:**

**Approval Authorization to Pay:**

Check Number: \_\_\_\_\_

President: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Treasurer: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Voted on at Meeting ( ) Yes ( ) No

Approved as part of Budget: ( ) Yes ( ) No

Motion by: \_\_\_\_\_

Seconded by: \_\_\_\_\_

Approved: ( ) Yes ( ) No

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**ATTACH ALL RECEIPTS SUPPORTING PURCHASE TO THIS FORM  
RECEIPTS MUST TOTAL AT LEAST THE AMOUNT REQUESTED**