

# Check Request Form

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

Issue to: \_\_\_\_\_

Address: \_\_\_\_\_

(Check will be mailed to above address unless specified differently here:)

Requested by: \_\_\_\_\_

(Leave blank if same as "Issue to:")

Telephone Number of Person Requesting Check: \_\_\_\_\_

Email Id of Person Requesting Check: \_\_\_\_\_

Amount: \_\_\_\_\_

(Please attach receipts or other documentation equaling the amount shown above.)

Budget Line / Committee Name: \_\_\_\_\_

Description of expense: \_\_\_\_\_

Signature: \_\_\_\_\_

(Chairperson or other officer required for authorization)

Please note that authorized check requests will be processed only if sufficient funds remain in the budgeted category for this activity. Check requests for amounts exceeding the budgeted amount will need to be presented and approved at the next board meeting in order for payment to be made.

----- Do not write below this line -----

Date Received: \_\_\_\_\_ Check No: \_\_\_\_\_

Date Processed: \_\_\_\_\_ Copy Committee Head: \_\_\_\_\_