**Check Request Form**

1 To whom is the check to be written

Name

Address

2 Purpose (what is/was the money spent for?)

3 Date the check is needed Amount of check $

Date this form was submitted

4 Contact details of the person submitting this form

Name Phone

Signature

5 Approved by

*(If the form is submitted by the Committee Chairperson, it must be approved by an Executive Officer)*

6 Attach receipts to the back of this form

7 Please indicate the budget which is to be charged

FUNDRAISING SERVICES

o Fall Fundraiser o

o Spring Fundraiser o

o Other o

o Other o

ADMINISTRATION OTHER

o Postage o

o Photocopies o

o Office Supplies o

For Treasurer’s Use Only:

Check # \_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_ Amount $ \_\_\_\_\_\_\_\_\_\_