**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 $ \_\_\_\_\_\_\_\_\_\_