

CHECK REQUEST FORM



REQUESTOR FILLS IN THIS SECTION

Date of request: _____

Person Requesting: _____

Make Check Payable to: _____

Amount of Check: \$ _____

Purpose: _____

Signature of Requestor: _____

Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipts(s) as soon as possible after purchase.

Approval: _____ Date: _____

FOR TREASURERS'S USE ONLY

Date Issued: _____ Check Number: _____

Expense Category: _____

Comments: _____

Treasurer's Signature: _____ Date: _____