



# CHECK REQUEST FORM

REQUESTED BY:

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

Name: \_\_\_\_\_

Committee (i.e. AX, DE, Newsletter): \_\_\_\_\_

Event Name/Date: \_\_\_\_\_

Receipts Attached?  Yes  No

Total Amount \$ \_\_\_\_\_

PAYEE:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

SEND CHECK TO:  Payee  Requestor

Item	Budget Line item	Vendor/Description	Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

Requestor's signature: \_\_\_\_\_

*Please keep a copy for your records*

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## TREASURER'S USE ONLY

Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

By: \_\_\_\_\_