

Sample Check Request

Payable to: _____ Date needed: _____
 Address: _____ Phone: _____
 Check requester: _____ Date: _____
 Account to Debit: _____ Invoice # _____
 (If your invoice reflects more than one account, please identify each and amount that should be deducted from each.)

Item	Place of Purchase	Amount
	Total:	

(Receipts should be attached and sales tax will not be reimbursed)

<u>Treasurer's Notes:</u> Date Invoice _____ Received: _____ Plan of Work: _____ Motion: _____ Date Approved: _____ Paid: _____ Check Number: _____ Amount of Check: _____

Remarks:

Chairman's Authorization: _____
 Treasurer's Signature: _____
 President's Signature: _____