



CHECK REQUEST

CLUB: _____ REQUESTOR: _____ DATE: _____
PHONE #: _____

ACCT: ___ - ___ - ___ AMOUNT REQUESTED: \$ _____

ACCT: ___ - ___ - ___ AMOUNT REQUESTED: \$ _____

ACCT: ___ - ___ - ___ AMOUNT REQUESTED: \$ _____

ACCT: ___ - ___ - ___ AMOUNT REQUESTED: \$ _____

APPROVED BY: _____

President

Date

Treasurer

Date

PAYEE _____

ADDRESS OF PAYEE _____

HANDLING: MAIL _____ PICK-UP _____ LEAVE IN BOX _____

ADDRESS (if different than above) _____

PURPOSE OF REQUEST _____

REQUESTING FUNDS:

1. Ancillary Clubs shall submit a Check Request Form for budget approved expenses only, providing the proper coding, authorizations &/or receipt information. Check requests will be processed within 3 business days.
2. A Change Fund shall be obtained in advance via a check request.

VERIFY TO BUDGET: _____ APPROVED _____ DENIED

DATE: _____ CHECK NUMBER _____