

CHECK REQUEST

REQUESTED BY _____ DATE _____
(PLEASE PRINT NAME)

NAME OF PAYEE _____

PURPOSE _____

ACCOUNT TO BE CHARGED _____

APPROVAL _____
(COMMITTEE CHAIRPERSON OR DESIGNATE SIGNATURE)

AMOUNT** _____

** ATTACH RECEIPTS

LOST RECEIPT DOCUMENTATION:

Date of Purchase: _____

Place of Purchase: _____

Amount of Purchase: _____

Item(s) Purchased: _____

Signature of purchaser: _____