REQUEST FOR CHECK

Date of Request _____

Date Needed _____

☐ Return to: _____

☐ Mail to: _____

☐ Expense Reimbursement ***(attach all receipts)***

Check Amount $ _____

Payable to _____

Address _____

Detailed description or explanation for expense:

_____

FUND MANAGER NAME (please print)

FUND MANAGER APPROVAL (signature)

Budget Expense Line 1 (# or Name / Amount)

Budget Expense Line 2 (# or Name / Amount)

Business Manager Name (please print)

Business Manager Approval (signature)

FOR TREASURER'S USE ONLY

*Date Paid*_____ *Ck#*_____ *Ck Amt*_____ *Initials:*_____

*Date Mailed/Delivered*_____ *Notes:*_____

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Date Needed _____

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*Date Mailed/Delivered*_____ *Notes:*_____