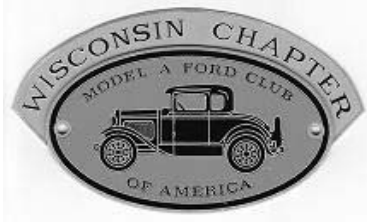


# REQUEST FOR CHECK



\* TODAY'S DATE: \_\_\_\_\_

\* CHECK PAYABLE TO: \_\_\_\_\_

\* ADDRESS: \_\_\_\_\_

\*

\* EVENT/PURPOSE: \_\_\_\_\_

\*

**Itemize Expenses and Attach Receipts**

**Amount**

<b>TOTAL</b>	

Signature

Required  \_\_\_\_\_

\* Required entry. Staple all receipts to this form. Sign the completed form and submit it to the Treasurer by the 15<sup>th</sup> of the following month.