

CHECK REQUEST FORM

Check made payable to: _____

Address (if check is to be mailed): _____

Request date: _____ Amount: _____

Reason for check: _____

Budget Account to be charged *: _____

Mail check: _____ Deliver check to: _____

Signature of person requesting check: _____

Approval signature (if amount is \$400.00 or greater):

NOTE: Receipts must be attached to request

* E.g. Programs/workshops, Community projects (Linus, etc.), Hospitality, Sales Events, etc.