

CHECK REQUEST FORM

PLEASE USE ONE FORM FOR EACH CHECK REQUESTED

PAY TO THE ORDER OF _____
Mailing address _____
(if needed) _____

FOR TREASURER USE	
Check #	_____
Date	_____
Amount	_____

FOR THE FOLLOWING:

ITEMIZE THE AMOUNT(S) TO BE PAID AND STAPLE RECEIPTS TO BACK AT TOP LEFT CORNER

1.	_____	COST	\$	_____
2.	_____	COST	\$	_____
3.	_____	COST	\$	_____
4.	_____	COST	\$	_____
5.	_____	COST	\$	_____
6.	_____	COST	\$	_____
			TOTAL AMOUNT	\$ _____

Date Submitted _____ Signed _____
NAME MUST BE LEGIBLE!!! Printed name _____

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