

# Check Request Form

Email this form with scans of receipts to:  
David Witteried, Zone 8 Rep  
witteried@charter.net



Requested by:

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Committee: \_\_\_\_\_

Event/Purpose: \_\_\_\_\_

Receipt(s) Attached:    Yes    No    Total \$: \_\_\_\_\_

Payee:

Name \_\_\_\_\_ Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Send check to:            Payee            Requestor

Item	Vendor	Description	Amount
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____
4	_____	_____	_____
5	_____	_____	_____
6	_____	_____	_____
7	_____	_____	_____
8	_____	_____	_____

Requestor's signature: \_\_\_\_\_

Please keep a copy for your records

Zone Rep's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

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Treasurer's Use Only

Date Paid \_\_\_\_\_ Check Number \_\_\_\_\_ Amount \$ \_\_\_\_\_

By: \_\_\_\_\_

Revised 1/17 T Brown