CHECK REQUEST FORM

Date: _____

Requested By: _____

PAYMENT DETAILS

Payable To: _____

Amount: $ _____

Description / Purpose of Payment:

_____

_____

_____

BUDGET INFORMATION

Budget Category / Account: _____

Within Approved Budget? Yes ■ No ■

APPROVALS

Board Approval Required? Yes ■ No ■

If yes, Date Approved: _____

SIGNATURES

Requested By (Signature): _____ Date: _____

Approved By: _____ Date: _____

FOR ACCOUNTING USE ONLY

Check Number: _____

Date Issued: _____

Entered By: _____