

CHECK REQUEST FORM

Date : _____

Make check payable to: _____

In the amount of: _____

Account Name: _____ Specific Line Item: _____

Please Circle one: Operating Budget or Designated Fund
(If you don't designate, the funds will be taken from the Operating Budget)

Check is for: _____

Please attach receipts, or a copy of invoice. Signed: _____

Payment Authorized By: _____
Signature of chairperson

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