



Check Request

Date of Request: _____

Requested By: _____

Purpose of expense: _____

Authorizing Officer: _____
(Signature Required)

Payable to: _____

Amount of Check: _____

Delivery Instructions (mail to):

**All disbursements must have full documentation in the form of original invoices, receipts, statements, including proof of payment to support the request for reimbursement or direct payment.
Expenditures over \$1,000 must have pre-approval by Board of Directors.**