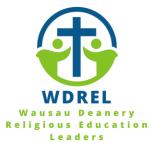
## **Check Request Form**



| Date:  | Leaders |
|--|---------|
| Please issue a check in the amount of: $\$$  |         |
| То:  |         |
| Phone:   |         |
| Address:   |         |
| Purpose:   |         |
| Event Account to Charge:   |         |
| Requestor Signature:   | Date:   |
| Committee Approval:  | Date:   |
| Notes:   |         |
|  |         |
| Routing:   |         |
| Return check to Requestor to be processed  |         |
| I will need this check by:   |         |
| □ Simply mail check to Organization  |         |
| **Please attached a copy of Invoice and/or Receip<br>Check requests will be returned if inadequate pay |         |

https://stannewausau.sharepoint.com/Shared Documents/Faith Formation/Current/WDREL/Treasurer/WDREL Check Request Form Blank Fields.docx