



everychild.onevoice.®

CHECK REQUEST FORM

TREASURER USE ONLY:

Check Number: _____

Check Date: _____

Mailed Pony Picked-up Delivered

Date: _____ Comments: _____

Check Vendor Information:

Payable to: _____

Address: _____

City _____ State _____ Zip Code _____

Phone Number: _____ Fax Number: _____

Description: _____

Budget Account	Amount

If this is not a budgeted item, at what date was this expenditure approved by the membership? Date: _____

Total Amount of Check: \$ _____ Date Check Needed: _____

Requestor: _____ Phone Number: _____

APPROVAL:

President _____ Date _____
Signature

Treasurer _____ Date _____
Signature

****All requests must be signed by the requestor and approved by the President prior to submission to the Treasurer. Please paper-clip original receipt/invoice to this request form.****