



Check Request Form

Please Print Legibly

Payee Name: _____

Date: _____

Payee Mailing Address: _____

Amount Requested: \$ _____

Account/Program Name: _____

Operating Restricted Other (specify)

Description of expense: _____

Requested by: _____

Approved by: _____

**Committee Chair/
Budget manager**

Date

Administrator

Date

- **Please do not approve a request in which you are the payee.** Authorized approvers are committee/event chairs and/or treasurers, Board President and Board Treasurer. Unbudgeted expenses must be approved by the Finance Committee prior to submission.
- Attach receipts if applicable.
- Please allow 10 business days for processing. Checks are produced on Tuesdays. Board-level approval is required to cut checks between normal check run dates. Please note that some checks require additional signatures, which may delay the distribution of funds.
- Incomplete forms will be returned for completion.

Office Use Only	
Sched. Pay Date	
Date paid	
Check #	
Notes	