

Check Request Form

Name of Committee _____

Name of Person Requesting Check _____

Date _____

Budget Category _____

Purpose of Expenditure (please be specific): _____

Total reimbursement Amount \$ _____ (Sales Tax Amt _____)

TO WHOM SHOULD CHECK BE PAID?

Name (please print): _____

Address: _____

_____ Phone _____

Please attach all receipts, invoices, orders forms, etc.

(Do not write below line)

Authorized by:

Executive Board Members's Signature

Treasurer's Signature

Date _____

Date _____

FOR TREASURER'S USE ONLY:

Check Number _____ Date Paid _____

Entered in Quickbooks: _____

Tax: Direct: \$ _____ Direct Food: \$ _____

Indirect: State (4.75%): \$ _____ Cty (2%): \$ _____

Transportation (.5%): \$ _____ Food: \$ _____