

Check Requisition Form

Please prepare a check to the following payee:

Payee: _____

Check Amount: _____

Mailing Address: _____

Date Needed: _____

Budget Account(s) to be Charged		
Budget Account Name (List appropriate CSP name or Local Club Expense)	Budgeted Project, Expense Name or Description	Amount
		\$
		\$
		\$
		\$
<i>The total of these amounts must equal the check amount.</i>		

Please attached all supporting documentation / receipts.

Please confirm the organization is a 501(c)3 nonprofit? _____ (Yes or No)

Requested By: _____

Date Requested: _____

Please leave Check Request Form with supporting documentation at the Thrift Shop in the drawer in kitchen area.

Or, mail to Treasurer, PO Box 927, Burlington, NC 27216

Comments: