



CHECK ONE:

_____ CHECK REQUEST

Date: _____

_____ OFCR. CC RECEIPT

Amount: \$ _____

Check payable to: _____

Mail to or deliver to: _____

Requested by: _____

Print Name

Signature

Notes or comments:

Please attach receipts and additional supporting data to this form.

FOR TREASURER'S USE ONLY

Charge to:

Account _____ \$ _____

Account _____ \$ _____

Account _____ \$ _____

By: _____ Date approved: _____

Officer's Signature

By: _____ Date approved: _____

Officer's Signature

Date Paid: _____ Amount of check: \$ _____ Check # _____