

REQUEST FOR CHECK

COLUMBUS ALUMNAE CHAPTER DST

PLEASE COMPLETE THE INFORMATION BELOW AND SUBMIT TO THE TREASURER.
REQUESTS MUST BE SIGNED AND AUTHORIZED BY THE COMMITTEE CHAIR OR THE
CHAPTER'S PRESIDENT. PLEASE ATTACH RECEIPTS. Thank You.

Date of request: _____

Person requesting: _____

Make check payable to: _____

Amount of Check: _____

Purpose _____

Authorized Signature: _____

Please indicate program _____

Signature of requestor: _____

FOR TREASURER'S USE ONLY

Date Check Issued: _____ Check Number _____

Charged to budget item: _____

Comments _____

Signature of Treasurer or Financial Secre. _____