

CHECK REQUEST

DATE: _____

This form will be used when your auxiliary has funds coming out of your account to reimburse someone. Please remember you are still required to turn in all your receipts with this form.

1. AUXILIARY NAME: _____

Check Payable to:	Description of Expense	Amount
	TOTAL	\$

2. TRANSFER FUNDS:

Please transfer \$ _____ to _____
(Name of Auxiliary)

3. SPECIAL INSTRUCTIONS:

4. APPROVAL SIGNATURES:

(President of Auxiliary)

(Treasurer of Auxiliary)

5. CONTACT INFO: _____
(Name & Phone Number)

TO BE COMPLETED BY THE FINANCE COMMITTEE

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Date Paid: _____

Check #: _____