

## CHECK REQUEST FORM

AMOUNT REQUESTED \$ \_\_\_\_\_ DATE REQUESTED \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_  
(DATE PAID \_\_\_\_\_ CHECK # \_\_\_\_\_)

REQUESTED BY:  
LEGAL NAME: \_\_\_\_\_  
SCA NAME: \_\_\_\_\_

DESCRIPTION / EXPLANATION FOR REQUEST OF CHECK: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_  
(Financial Committee member)

AUTHORIZED BY: \_\_\_\_\_  
(Financial Committee member)

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