

REQUEST FOR CHECK

VENDOR NAME: _____

DATE SUBMITTED: _____ NEEDED BY: _____

IN PAYMENT OF: _____

ACCOUNT REFERENCE # TO BE
CHARGED AND AMOUNT: _____

PAYMENT APPROVED: _____

Committee Chair

Committee Chair (2)

Committee Chair (3)

(if over \$200.00)

Finance Comm. Chair

(if over \$500.00)

Council President

NOTE: Three spaces for committee chair approval are provided in case more than one invoice is due to the same invoice, affecting more than one committee. Please route this request to all appropriate committee chairs before submission to be paid.