Check Request

•			Amount to Pay:	\$	
Sand To (Address):					
Send To (Address):			•	•	
			•		
•					
Purpose of Payment:					
•					
Committee or Budget					
Item(s) to be Charged			,		
for This:					
4					
Person Requesting Ck:		Committee	Approval:		
Date of Request:		Date of Ap	proval:		
•					
				·	
Special Request/Informa	ation:				
		<u> </u>			
NOTE: Attach receipts	to this form. Do not	submit form with	out annroval		
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			No		