PROJECT GRADUATION – CHECK REQUEST

used for upfront vendor payment or expense reimbursement ♦ limit one check request per form

Requester's Information

Name: _____ Date: _____

email: _____ phone: _____

Check Payment Information

Make check payable to: _____ Amount: $ _____

Mailing address: _____ Date needed: _____

_____

Select one: ❑ Please mail check to above address ❑ I will arranged to pick up check

Itemized Detail

Item or Business Name	Amount *	Budget line item	Description
Check Total =	**$**	* Sales tax cannot be reimbursed	

Attach receipts / invoice or any other documentation to this form.

Treasurer's Notes

Date received: _____ Budget line item: _____

Check date: _____ Check number: _____ Check amount: _____

Notes: _____

Treasurer signature: _____ Date: _____