

SCW LGBT Club Check Request Form

Date of Request: _____

Vendor Name: _____

Mail to Payee

Payable to: _____

Originator will pick up at club meeting

Address: _____

Originator to coordinate pickup with treasurer

Mail to Payee with attached documents
(Please attach original and one copy)

Receipt Date	Description / Purpose	Dollar Amount

Print Name of Originator

Signature

Phone #

Rec ID #

President/ Acting President Signature & Date

Treasurer Signature & Date

Check # Issue Date

Originator Signature & Date

Attach all pertinent documentation / receipts