SCW LGBT Club Check Request Form

	Date of Request:		
Payable to:		Mail to Payee	
Address		Originator will pick up at club meeting Originator to coordinate pickup with treasurer Mail to Payee with attached documents (Please attach original and one copy)	
Vendor Name	Receipt Date	Description	Dollar Amount
Leave Blank	Leave Blank	Total \$ Amount =	<u>\$</u>
Print Name of Origina	ator	Signature	
Phone #		Rec ID #	
President/ Acting President Signature & Date		Treasurer Signature & Date	
Check #	 Issue Date	Originator Signature & Date	

Attach all pertinent documentation / receipts.