



Check Request - Event

Event Name / # _____ # _____ Event Dates _____

Chairperson _____ Home Telephone # _____

Address _____ Work Telephone # _____

City, State Zip _____ *(Please include telephone numbers for Treasurer to call to resolve questions.)*

_____ *(Signature)* _____ *(Date)*

A) EVENT CHECK REQUEST *(Reservations, Payments, etc.)*

\$ _____ payable to: _____ Purpose: _____
address: _____ Date Required: _____

\$ _____ payable to: _____ Purpose: _____
address: _____ Date Required: _____

\$ _____ payable to: _____ Purpose: _____
address: _____ Date Required: _____

B) CASH ADVANCE CHECK REQUEST *(Important: Save Receipts)*

\$ _____ payable to: _____ Date Required: _____
(Event Chairperson listed above)

C) REFUND CHECK REQUEST *(Cancellations--Be sure to deduct cancellation fee, if applicable.)*

\$ _____ payable to: _____
address: _____

\$ _____ payable to: _____
address: _____

\$ _____ payable to: _____
address: _____

\$ _____ **Total** *(Treasurer will mail refund checks to the appropriate people.)*
