

**Check Request Form**



**P.O. Box 20657  
Greensboro, NC 27420  
Office: (336)-223-4752**

*Please type or print neatly*

Payee Name: _____ Address: _____ _____ _____	Date: _____ Project: _____ Ordered By: _____ Project Chairman: _____ Chairman Approval: _____
<input type="checkbox"/> Mail Check <input type="checkbox"/> Chairman to Deliver	_____ (Signature)

What is the Payee's Relationship to the Project? \_\_\_\_\_

\_\_\_\_\_

Was this Expense Allocated on the Project's Budget? (Circle)    Yes    No    (if No please explain below)

\_\_\_\_\_

\_\_\_\_\_

**Invoice/Bill Payment**    Invoices/Bills Must be Attached.    Cost Code (Internal use Only) \_\_\_\_\_

Invoice/Account Numbers: \_\_\_\_\_

**Reimbursement**    Proof of Payment Must be Attached    Cost Code (Internal use Only) \_\_\_\_\_

**Future Purchase**    Quote/Purchase Order Attached? (Circle)    Yes    No    (If No please fill out section below.)

Quantity	Items/Services to be Purchased	Price (Include Tax)	Cost Code (Internal Use Only)
<b>Total</b>			

**Internal Use Only**

Date Received: _____	<input type="checkbox"/> Information Setup Form on File? (not required for Reimbursements)
Date Paid: _____	<input type="checkbox"/> Certificate of Insurance on file and up to date? (only required for Services)
Check Number: _____	<input type="checkbox"/> W-9 Form on file? (not required for Reimbursements)
Account: _____	<input type="checkbox"/> Board of Directors Approval Required? (President's Signature Required Below)

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Treasurer Signature of Approval \_\_\_\_\_ Date \_\_\_\_\_      President's Signature of Board Approval \_\_\_\_\_ Date \_\_\_\_\_