

Lassiter Chorus

Check Request Form

Date of Request: _____

Person Requesting: _____

Make Check Payable to: _____

Amount of Check: _____

Payment Purpose:

Receipt Details

Receipt Description	Receipt Amount	Receipt Date
	\$	
	\$	
	\$	
	\$	
	\$	
TOTAL of Receipts	\$	

Signature of Requester: _____

Please Note: If item has already been purchased, please attach receipt(s) to this form. Place this completed form with backup documentation inside a sealed envelope in the deposit box located in the Chorus Room.

Thank you!

~ For Treasurer's Use ~

Date Issued: _____

Check Number: _____

Budget Line Item: _____