



# Georgia State Council

## CHECK REQUEST FORM

Date of request: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Make check payable to \_\_\_\_\_ Phone number (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Amt of check \$ \_\_\_\_\_ Signature of requester \_\_\_\_\_

Note: Expenses must be an approved budget item and amount. Failure to obtain approval may result in purchaser having to incur the expenses. **RECEIPTS MUST BE ATTACHED.**

**REQUESTER COMPLETES THIS SECTION:**

Office	Date of Receipt	Description of Purchase	Amount Requested
<b>TOTAL</b>			

To be completed by Treasurer

Budget Acct #	Budgeted Balance	Amount Reimbursed	Notes: (see bottom)
			Line 1
			Line 2
			Line 3
			Line 4
			Line 5
			Line 6
			Line 7

**FOR TREASURER'S USE ONLY:** Voucher No. \_\_\_\_\_ Date issued \_\_\_\_\_ Check number \_\_\_\_\_ Total Amt \$ \_\_\_\_\_

Treasurer's signature \_\_\_\_\_

NOTES: