

CHECK REQUEST – OCEAN WAVES QUILT GUILD, INC.

This form is to be used to request reimbursement from the Guild Treasurer for yourself or payment to someone else. Check Requests should be submitted at least 1 week prior to when they are needed. To maintain accurate records, an invoice or receipt must accompany the check request.

Date: _____ Total Amount: _____ Check # _____

Check requested by: _____

Make Check Payable to: _____

Charge to (Committee): _____

Approved by: _____

FOR	AMOUNT
A)	
B)	
C)	
D)	
E)	
TOTAL	

Check delivery/pick up method to be used:

___ PICK UP AT NEXT GUILD MEETING

___ PICK UP AT NEXT BOARD MEETING

___ WILL MAKE ARRANGEMENTS WITH TREASURER