

## Check Request Form/Order on the Treasurer

	Ci	ICCK II	cquesti	orring Oracl or	T CITC T	rcasarc	'		
Make Chec	k Payable To	):							
Address:									
City, State, ZIP:									
Telephone									
·									
Purpose of Expense Fra			Fraternal Council			Fundraising		Charitable	
(check one o	only)	Benefi	t	Operations	Expense			Disbursement	
Date		Description			Amount		(Treasurer's Use Only)		
Date			<u> Безсприон</u>			Amount		Expense Category	
Subtotal									
Less cash advanced									
Total Due									
Receipts must be submitted with the check request.									
Requested by (typed name)			e)						
							<u> </u>	l.	
For office use only									
Annroyal Sig	maturos				•				
Approval Signatures									
Received						Financial Secretary		Date	
Approved for payment					Grand Knight		Date		
Payment issued					Treasurer			Date	
r ayment issued					TTEASUTET			Date	
<u>Che</u>	<u>eck Number</u>	<u>Date of Check</u>				Amount of Check			