

# CALIFORNIA SQUARE DANCE COUNCIL, INC.

## CHECK REQUEST FORM

(No checks will be issued without completion of this form)

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

List in detail, what expenses this check request covers so the expenditure can be charged to the appropriate account.

### BE CERTAIN TO ATTACH ALL RECEIPTS OR BILLS

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
	TOTAL \$ _____ 0.00

Requested by: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of Officer or Chairman)

Name of Office or Committee: \_\_\_\_\_

Please complete this form and submit to the Treasurer.

When listing the expenses, give full details. For example: if you spent money for stamps - What for?

Telephone calls, stationary, etc. If you are requesting reimbursement for two or more items, use more than one line, so each item can be properly charged by the Treasurer.

Approved: ( ) ( ) At Council meeting of: \_\_\_\_\_  
Yes No (Date)

Check No. \_\_\_\_\_ Amount \$ \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Treasurer