

BRAIDED RIVER QUILTERS CHECK REQUEST FORM

| SUBMITTED BY: | | POSITION: | | | |
|---|-----------|-----------|------------------|---------------|--|
| MAKE CHECK PAYABLE TO: | | DATE: | | AMOUNT: \$ | |
| WHAT WAS PURCHASED: | | | | | |
| | Cost: \$ | | | | |
| \$ | | | | | |
| \$ | | | | | |
| | \$ | | | | |
| Total: \$ | | | | | |
| EXPENSE CATEGORY (ON BUDGET): | | | DATED NEEDED BY: | | |
| PICK UP CHECK AT NEXT BOARD MEETING OR REGULAR MEETING (CIRCLE ONE) or MAIL CHECK TO: (Name): | | | | | |
| (City, Zip Code): | | | | | |
| (If mail, please attach a return, self-addressed, stamped envelope) | | | | | |
| ウウウウウウウウマウRECEIPTS/INVOICES MUST BE ATTACHED クロクロクロクロ | | | | | |
| FOR TREASURER'S USE ONLY | | | | | |
| Approved: YES NO, REASON | | | | | |
| DATE PAID: | CHECK NO. | | INITIALS: | | |

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