

WCFA CHECK REQUEST

Date Requested: _____ Date Required: _____ Purchase Order# _____

Committee: _____ Chairman: _____

Signature of Person Making Request: _____

Person Making Request: _____

Vice President: _____ Signed: _____

Check made payable to: _____

Mailing Address: _____

City, State, Zip: _____

Amount of Check: \$ _____

Purpose for Expenditure: _____

Attach receipt or documentation for request

Special Instructions _____

For Office Use Only

Source of Funds to Cover Check (Name of Bank and Account Number)

Bank: _____ Acct# _____

General Ledger# _____

General Ledger# _____

General Ledger# _____

General Ledger# _____

Date Mailed/Delivered: _____