## PLEASE FILL OUT IN FULL AND TURN IN TO TREASURER OR EMAIL CHECCK REQUEST AND RECEIPT TO treasurer@palatinejaycees.org

PALATINE JAYCEES CHECK REQUEST FORM					
	Today's Date:				
PAY TO THE	ORDER OF:				
Address:					
City:		State:		Zip:	
Phone:		Email:			
Requested by:			Date needed:		
Note to be printed on check:					
Leave Budget line # blank. Select project area from the following: Admin., Chap. Mgmt., Community, ID, Membership, State Dir., President, Secretary, Treasurer.					
Budget line # (Treasurer)	Project Area	Project Name	Descript	ion of purchase	Amount
Total amount requested:					
PLEASE ATTACH ALL ORIGINAL RECEIPTS TO THIS FORM!					
Please check this box if you would like copies of your receipts returned to you: $\ \Box$					
FOR TREASURER USE ONLY					
Approved by	: Secondary approval:				
Check #:		Check date:			
Delivery date	Delivery method:		:		
Budgeted:	-	Entered in books:			
Notes:					