

PLEASE FILL OUT IN FULL AND TURN IN TO TREASURER

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	Description 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:

FOR TREASURER USE ONLY

Approved by: _____ Secondary approval: _____

Check #: _____ Check date: _____

Delivery date: _____ Delivery method: _____

Budgeted: _____ Entered in books: _____

Notes: _____

