

CHECK REQUEST

Date: _____

Pay to the order of: _____

Address: _____

Purpose*: _____

Amount: _____ Committee Account to be used: _____

Requested by: _____

Approved by (Signature of Committee Clerk): _____

*If reimbursement, please attach receipt(s).

**Put this request in the Meeting mailbox (on the driveway near the office)
OR in the Donations box (on the wall in the Meeting House foyer).**

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