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## CHECK REQUEST FORM

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

Date	Merchant Name	Description of Expense	Budget Line	Amount
			<b>TOTAL AMOUNT REQUESTED</b>	

Check to be made out to:

Delivery Instructions:

Provide name & address for delivery

Comments:

Signature:

(Provide your name as electronic signature)

### Instructions

1. If the request is for travel expenses please provide details of all your expenses (including Merchant Name) in the table above, along with all the receipts.
2. If the request is a line item request in the budget (such as Student Grants, Committee expenses, scholarships, Etc) the "Merchant Name" is not required.
3. Send check request to Judy Nichols via e-mail with Cc: to Treasurer.

### INTERNAL USE ONLY

Check #	Date	Amount Paid