



[www.fla-asce.org](http://www.fla-asce.org)

Judy Nichols  
Executive Director  
ASCE Florida Section  
PO Box 1372  
Lake Worth, FL 33460  
561.215.4311  
judy@fla-asce.org

### 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 |
|---------|------|-------------|
|         |      |             |
|         |      |             |