



# Check Request Form

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## To Be Completed By Requestor

Date of Request: \_\_\_/\_\_\_/\_\_\_ Amount: \$\_\_\_\_\_

Name of Requestor: \_\_\_\_\_

Check Payable to (if different): \_\_\_\_\_

Purpose/Description of Expense: \_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

*\*You must obtain prior-approval for purchases made on behalf of the swim team. If you do not obtain prior approval, reimbursement is not guaranteed.*

*\*Please be sure to attach receipt(s) and/or invoices to this request.*

## To Be Completed By Swim Team Co-Director

Approved       Not Approved

Reason (if not approved): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

## To Be Completed By Treasurer

Check Number: \_\_\_\_\_ Date Issued: \_\_\_/\_\_\_/\_\_\_

Charged to which budget item: \_\_\_\_\_