

# VCF CHECK REQUEST FORM

## Info

REQUESTER \_\_\_\_\_ DATE: \_\_\_\_\_

CHECK WRITTEN TO THE ORDER OF \_\_\_\_\_

AMOUNT 

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SEND CHECK TO (ADDRESS) \_\_\_\_\_

FROM ACCOUNT (#01-13, THEN BUDGET AREA NAME): \_\_\_\_\_

ITEM DESCRIPTION: \_\_\_\_\_

## FOR FINANCIAL TEAM USE

TREASURER APPROVAL \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD MEMBER 1 \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD MEMBER 2 \_\_\_\_\_ DATE: \_\_\_\_\_

-----CHECKS CANNOT BE ISSUED WITHOUT AT LEAST TWO SIGNATURES ABOVE-----

CHECK # \_\_\_\_\_ CHECK RELEASED TO: \_\_\_\_\_

NOTES: \_\_\_\_\_

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CHECK # \_\_\_\_\_ CHECK RELEASED TO: \_\_\_\_\_

NOTES: \_\_\_\_\_