



Check Request

Date submitted _____

Write check in the amount of \$ _____

Payee's name and address: _____

Attach receipts and copy of contract, if applicable.

Event _____

Event date & location _____

Totals, by category, of reimbursement requested. (Expenses should correlate to club budget Example: Membership: postage \$ 8.40, Administrative gifts \$15.00, Program handouts \$10.20 = \$33.60) Total (Must be same as check amount.)

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

\$ _____ for _____

\$ _____ TOTAL

If this is a request for a deposit on a future event, provide the following information:

How did you compute the total cost? _____

Total guaranteed _____

Additional payments due:

Date _____ \$ _____ Date _____ \$ _____

You may send this check request to: **Teresa Farr-Klinger**
8318 78th Ave. N
Seminole, FL 33777