



friendship force
FLORIDA SUNCOAST

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 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: **Petra Gonzalez**
2454 Australia Way East, Apt 24
Clearwater, FL 33763