

Canal Walk Activity Account

CHECK REQUEST FORM

Club or Committee Name: _____

Date: ___/___/___ Time: _____ Amount in Dollars: _____

Written Amount: _____

Payee Name: _____

Address: _____

City/State: _____ Zip Code: _____

Memo on Check: _____

Event: _____ Event Date: ___/___/___

Check Delivery Preference (please check one):

- Mail *address required
- Club or Committee Box

Club/Committee Signatures (2):

1. _____ 2. _____

-----Office Use Only-----

Are all Receipts Attached? Yes No

Office Member accepting Ck. Req.: _____ Date: ___/___/___