



# VENDOR CHECK REQUEST

*Please complete this form and submit directly to the Treasurer, within 30 days of the expense. This form must have the invoice from Vendor in order for a check to be issued. Please **RETAIN COPIES** of this completed form and all attached invoices.*

*Any questions or concerns, please contact Dorene Greenberg \* [speaktodo@aol.com](mailto:speaktodo@aol.com)*

Requested by: \_\_\_\_\_

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_

Vendor Mailing Address \_\_\_\_\_

Event/Category \_\_\_\_\_

*Please itemize all expenses for which vendor reimbursement is requested. List each charge/item separately. The sum should equal the total amount written above and match the vendor invoice.*

Item	Cost

**\*\* FOR TREASURER USE ONLY \*\***

Budget Category: \_\_\_\_\_

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

Check Number: \_\_\_\_\_

Date Paid: \_\_\_\_\_