NGCB CHECK REQUEST FORM

DATE REQUESTED: _____	AMOUNT: _____
CHECK PAYABLE TO (name and address):	DATE NEEDED: ____/____/____ ☐ Return to individual requesting check ☐ Give check to _____ ☐ Mail by ____/____/____ (date)
DETAILED DESCRIPTION:	

Copy of purchase order, packing slip, invoice, receipt or related paperwork MUST be attached to this request form.

Signature of requester**:** _____

For Treasurer's Use Only

Date issued: _____ Check # _____

Charged to what budget item _____

Comments

_____

_____

_____

Treasurer's Signature _____