



Check Request Form

Requested by: _____ Date: _____

Committee: _____ Event Name: _____

Attach Original Receipts/Invoices

Make Check Payable To: _____

Address: _____

City: _____ State: __MI__ Zip: _____

Expense Description	Amount

Sub-total of this page \$ _____

Sub-total from attached sheet \$ _____

Total Credit Card Monies Submitted \$ _____