

# MKESA

## Check Request Form

---

**Use this form...** if a future check is needed to pay a merchandise vendor, performer or services provider.

*Instructions: One form should be used for each invoice/event. Only complete forms will be processed for payment. Original invoice must be submitted along with this request form. Either send to main office in an envelope marked "Attn: Paul Franco, MKESA Treasurer" or mail to Patricia Duran-Smith, 142 Parkview Pl, Mount Kisco, NY 10549*

Event/Description: \_\_\_\_\_

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

Today's Date: \_\_\_\_\_

Requestor: \_\_\_\_\_

Check amount: \$ \_\_\_\_\_

Reason for check: \_\_\_\_\_

Check instructions: \_\_\_\_\_

Due date: \_\_\_\_\_

☐ Deposit Payment – Please indicate remaining balance \$ \_\_\_\_\_

PAYABLE TO: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**If a copy of the invoice needs to be sent with payment, please provide an extra copy.**

***If a check is to be paid the day of an event, the Treasurer will provide the check directly to the event coordinator approximately three days prior. Otherwise, the Treasurer will mail the check directly to the vendor.***

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

Signature of Treasurer evidencing review and original invoice: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_

Signed

Date

Rev: 3/22