# BOARD CHECK REQUEST FOR DISBURSEMENT FORM

**TO BE COMPLETED BY PERSON MAKING REQUEST**
*(Check only one)*

REQUESTED BY_____

☐ BOARD (ACCT NO.) _____ BOARD (ACCT NAME) _____

DATE OF REQUEST_____ AMOUNT $ _____

ISSUE CHECK TO: _____

ADDRESS: _____
*STREET* *TOWN* *STATE* *ZIP CODE*

PURPOSE OF REQUEST _____

_____

DATE OF EVENT_____ DATE CHECK NEEDED_____

☐ RECEIPTS ATTACHED ☐ MAIL CHECK FROM BUSINESS OFFICE

☐ RECEIPTS TO FOLLOW ☐ RETURN CHECK TO_____

APPROVED FOR BOARD OR IMPREST CHECK

_____ _____
CLUB SPONSOR DEPARTMENT CHAIRMAN

_____ _____
STUDENT ACTIVITY DIRECTOR BUSINESS MANAGER