



RENAISSANCE

CHECK REQUEST FORM

Group/Club _____ Date of Request _____

Representative
Signature _____ Phone # _____

ALL ORIGINAL BILLS MUST BE ATTACHED
NO CHECK CAN BE DRAWN FOR ANY EXPENSE WITHOUT A
COMPLETED CHECK REQUEST FORM

Complete ONE of the following:

Date & Name of Event: _____

Date & Place of Trip: _____

Date of Meeting Expenses: _____

Cash Advance with Attached list: _____

General Expenses: _____

Check Amount: _____

Check Made
Payable To: _____

Phone # if resident: _____

DO NOT WRITE BELOW THIS LINE

Check Received By: _____

Check # _____

Date _____