

Friendship Star Quilters Check Request

Pay to the order of (please print)

Name _____
Address _____
City _____ State _____ Zip+4 _____
e-mail _____

Purpose of check

Check here if this is a check request for the quilt show:

Attach original receipts or invoices -- photocopies do not meet audit requirements.

Please itemize expenses here: Amount

Total amount due _____ Requested by

Signature

_____ Date _____

Print name _____ Phone _____

e-mail _____

Approved by

1. Officer Signature _____ Date _____

Expenses of \$200.00 or more and ALL contracts require signatures of two elected officers for approval:

2. Officer Signature _____ Date _____

Accounting

Check no. _____ Amount _____ Date _____ Expense

category _____