

Friendship Star Quilters Check Request

Pay to the order of (please print)

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

Purpose of check

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 _____