

The Strong Center Incorporated
CHECK REQUEST FORM
(Please Print)

Name of Committee/Team _____ Date _____

Person Requesting Check or Reimbursement _____

Budget Category _____

Purpose of Expenditure

Total Check/Reimbursement Amount \$ _____
(Sales Tax Amount \$ _____)

To Whom Should Check Be Paid?

Name _____

Address _____

_____ Phone _____

Please Mail Check

Return check to Requestor

PLEASE ATTACH ALL RECEIPTS, INVOICES & ORDER FORMS.
(Do not write below this line.)

Requestor Signature _____ Date _____

Commissioner Approval _____ Date _____

FOR STRONG CENTER USE ONLY:

Check Number _____ Date Paid _____

Other Information _____