

**LAS CANDALISTAS
CHECK REQUEST FORM**
(Revised 7/31/2024)

1. **THIS FORM MUST BE COMPLETED FULLY; ALL RECEIPTS MUST BE STAPLED TO THE BACK OF THE FORM**
2. **TWO SIGNATURES, OTHER THAN THE PERSON RECEIVING THE CHECK, MUST ACCOMPANY THE CHECK REQUEST.**
3. **SIGNATURE #1 IS EITHER THE CHAIR OR CO-CHAIR OF THE COMMITTEE REQUESTING THE CHECK.**
4. **SIGNATURE #2 IS THE PRESIDENT'S SIGNATURE**
5. **CHECKS WILL NOT BE APPROVED AND ISSUED UNTIL ALL CRITERIA ARE MET.**

Check Payable to (please include address): _____ Current Date: _____

_____ Amount: _____

Budget Category: _____

What supplies, equipment or services are you purchasing? _____

Did you check the Storage Container for any supplies stored there? _____

Signature of person requesting check: _____

Signature #1 _____
Chair or Co-Chair Date

Signature #2 _____
President Date

Special instructions or comments: _____

DO NOT WRITE IN THIS SPACE - FOR THE TREASURER'S USE ONLY

Event Account _____	Base Amount \$ _____
Members Account _____	Plus Sales Tax \$ _____
Receipts Attached _____	Total Amount \$ _____
Posted To Budget _____	Check number _____
Posted to Quicken _____	Date Paid _____
Treasurer's Initials _____	
