

Canal Walk Activity Account

CHECK REQUEST FORM

Club or Committee Name: _____

Date: ___/___/___ **Time:** _____ **Amount in Dollars:** _____

Written Amount: _____

Payee Name: _____

Address: _____

City/State: _____ **Zip Code:** _____

Memo on Check: _____

Event: _____ **Event Date:** ___/___/___

Check Delivery Preference (please check one):

Mail *address required

Club or Committee Box

Club/Committee Signatures (2):

1. _____ 2. _____

-----Office Use Only-----

Are all Receipts Attached? Yes No

Office Member accepting Ck. Req.: _____ **Date:** ___/___/___