ADVANCE CHECK REQUEST

Payee _____Telephone (_____)_____

Address _____

City _____ Zip _____

Email _____ Fax (_____) _____

Amount **$**_____**.**_____ Date Needed by: _____

Program / Committee:_____

GL Account	**Amount**	**Description of Expenditure**
_____	$_____._____	_____
_____	$_____._____	_____
_____	$_____._____	_____
_____	$_____._____	_____
_____	$_____._____	_____
_____	$_____._____	_____
_____	$_____._____	_____
_____	$_____._____	_____
_____	$_____._____	_____
_____	$_____._____	_____
_____	$_____._____	_____
Total	$_____._____	

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Submitted By: _____ Date _____/_____/_____
Submitted To: _____ Via _____
Program/committee expenditures require the chairman's approval
Date Received _____/_____/_____ Approved _____ Not Approved _____
By: _____
Submitted to State Office via: _____ Date _____/_____/_____
Received By: _____ Date received _____/_____/_____
Date Paid _____/_____/_____ Check #_____

(Jan 2016)