

CHECK REQUISITION

Date: _____

Name: _____

Office: _____

Amount Requested \$ _____

Reason: _____

Budget approved: Yes No

Treasurer

COUNCIL APPROVED:

Date: _____

Treasurer

(Attach all original receipts to equal amount requested.)

(Please submit 2 copies of requisition to Treasurer. First copy will remain with the Treasurer's records. Second copy will be returned with balance of budgeted amount noted.)

BALANCE OF BUDGETED AMOUNT \$ _____

PAID BY CHECK NO. _____ DATED _____