



Check Request Form
EFBMS

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Date: _____ Amount Requested: \$ _____

Name of Person Requesting Check: _____

Foundation Position: _____

Phone: (____) _____ Email Address: _____

Event or Assignment: _____

If over \$500.00 - Date Approved by Board: _____

- Invoice Attached Receipt Attached

Check Payable to:

Name of Person/Company: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Please check here if requesting "rush" payment.

Approved by:

President's Signature

Secretary's or Other Officer's Signature

For Treasurer use:

Table with 4 columns: Budget Category, Budgeted Amount, Check Number, Amount