

CHECK REQUEST FORM

Make separate request for each payee



Date: _____ Requested By: _____
 Date needed by: _____ Phone Number: _____
 P.O./ Invoice Number: _____ Budget Category (Event): _____

Please attach receipts:

Receipt Date	Vendor	Description & Purpose	In-Kind Donation Letter Needed	Amount	Account #
			TAX		
			SHIPPING		
			TOTAL		

Circle one: **Mail Check** **Hand Delivered**

Payee: _____

Mailing Address: _____

Mailing Address: _____

City, State, Zip Code: _____

Phone # _____

Special Instructions: _____

Mail completed form & all supporting documents to:

WESTOP SoCal Chapter
Attn: Angie Alvarez
Pasadena City College
1570 East Colorado Boulevard - Room V104
Pasadena, CA 91106

Office: (626) 585-7362 Cell: (626) 765-1325 Email: axalvarez@pasadena.edu

TREASURER USE ONLY

Treasurer Approval _____
 Check # _____
 Date Issued _____
 QB entry date: _____