

**NEWCOMERS OF CENTRAL FL, INC.**  
**Check Request Form**

Date Submitted \_\_\_\_\_

Name: \_\_\_\_\_

Committee/Event: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Check Made out to: \_\_\_\_\_

For (please itemize): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Date Paid \_\_\_\_\_

Check Number \_\_\_\_\_

Amount of Check \$ \_\_\_\_\_

By \_\_\_\_\_

President / Treasurer (Circle)