



TABSE
Texas Alliance of Black School Educators

**TEXAS ALLIANCE OF BLACK SCHOOL EDUCATORS
CHECK REQUEST FORM**

REQUESTER FILLS IN THIS SECTION

Name _____

Affiliate _____

Position _____

Make check payable to _____

Date	Description	Airfare	Hotel	Miles	Meals	Misc	Total
Total		\$	\$	\$	\$	\$	\$
						Subtotal	\$
						Cash Advances	\$
						TOTAL	\$

*Note: If item has already been purchased, please attach receipt(s) to this form. Otherwise, provide receipt(s) as soon as possible after purchase. Prior approval must be obtained for all purchases. Failure to obtain approval may result in purchaser having to incur expenses. Signature of the TABSE president is required **before** treasurer will issue check.*

FOR TREASURER USE ONLY

President's Approval _____ Date _____

Amount of Check \$ _____ Date Issued _____ Check Number _____

Charged to what budget item _____

Comments _____