



## Conference Check Request Form

Person Requesting Funds: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Address: \_\_\_\_\_

Street City Zip

Requested by :( check one)     Committee Chair     Committee Member

Amount of Request: \$ \_\_\_\_\_

Reason for Request \_\_\_\_\_

*\*\*Expenditures must be pre-approved*

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

Invoice Attached:  Yes  No

Make Check Payable to: \_\_\_\_\_

**(Invoice or supporting evidence for expenses must be attached)**

Check to be mailed to: (Location) \_\_\_\_\_

Street City State Zip

Signature: \_\_\_\_\_ Date \_\_\_\_\_

Person Submitting Request

Request Approved: \_\_\_\_\_ Date \_\_\_\_\_

Conference Chair Required

Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Conference Co-Chair

Approved by: \_\_\_\_\_ Date \_\_\_\_\_

or Conference Treasurer/Executive Director

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

Check# \_\_\_\_\_

**Please submit invoice or supporting documentation**