

Check Request Form



Instructions:

- 1. Complete form with all requested information.
- 2. Submit completed form, all receipts and/or invoices, and required approvals to **CSB@CSBAP.org**
- 3. Requests of \$5,000 or more will be verified by phone.

GROUP NAME:

Request Information:

Request Date:

Requested By Name:

Phone:

Request Type:

Reimbursement

Payment Delivery:

Mail

Invoice Payment

EFT (Requires email address below)

Change for Event / Cash Box

Pick-Up (District Office)

Pre-Approved Purchase (Quote/documentation of estimated cost req'd before purchase.

Receipt req'd after purchase).

Payment Information:

Payment Amt: \$

Payee:

Payee Mailing Address:

Payee Email:

Expense Information:

Amount: \$

Expense Account:

Class:

Add'l Info:

Amount: \$

Expense Account:

Class:

Add'l Info:

Amount: \$

Expense Account:

Class:

Add'l Info:

Total must equal Payment Amount. Identify separate accounts/classes if necessary. Consult Account and Class list if needed.

Additional information can be used to identify or classify the transaction(s).

Approvals:

Approval Type:

Previously approved budget

Special vote (attach minutes with vote information)

Signer 1

Signer 2

Name:

Name:

Signature:

Signature:

CSB Use Only: Please do not mark below this line.
