



Treasurers Use Only	Initials
Date Paid	
Check Number	
Dollar Amount	

Check Requisition Form

AMOUNT: _____

PAYABLE TO:

Name: _____

Street Address: _____

City _____ State _____ Zip _____

REQUESTED BY:

Member Name _____

Phone _____

REASON FOR CHECK: (please state the function, event, committee and details of expense)

Attach any vendor invoices or original receipts for prompt reimbursement.

Mail this request to Treasurer, Las Damas de Arte, PO Box 13988, Tampa, FL 33681