

# KIWANIS CLUB OF FEDERAL WAY REQUEST FOR CHECK/PAYMENT

DATE OF REQUEST: \_\_\_\_\_

NAME OF REQUESTER: \_\_\_\_\_

NAME AND ADDRESS OF PAYEE:

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

PURPOSE OF CHECK/PAYMENT:

ATTACH INVOICE/RECEIPTS TO THIS REQUEST

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FOR TREASURER USE ONLY

ADMINISTRATIVE ACCOUNT OR PROJECTS ACCOUNT \_\_\_\_\_

ACCOUNT CATEGORIES AND SUB -ACCOUNT CATEGORIES:

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BOARD APPROVAL REQUIRED? \_\_\_\_\_

IF YES, APPROVAL DATE \_\_\_\_\_

PAYMENT DATE AND CHECK NUMBER \_\_\_\_\_