

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

FOR TREASURER USE ONLY

ADMINISTRATIVE ACCOUNT OR PROJECTS ACCOUNT _____

ACCOUNT CATEGORIES AND SUB-ACCOUNT CATEGORIES:

BOARD APPROVAL REQUIRED? _____

IF YES, APPROVAL DATE _____

PAYMENT DATE AND CHECK NUMBER _____