

SDSRU CHECK REQUEST

(Please use a separate sheet for each check requested)



Make check payable to: _____ Phone: _____

Address: _____ City, Zip Code: _____

Requester's Name: _____ Requestor's Committee: _____

Requestor's Committee Position: Chair ____ Co-Chair ____ Other: _____

Charge to Committee: _____ or same as above:

Check ONE below:

- This check is reimbursement to payee for money they already spent
- This check is payable directly to the vendor for goods or services
- This check is for another purpose – Describe: _____

Please itemize all expenses and attach receipts.

Description:	Amount:
1.) _____	\$ _____
2.) _____	\$ _____
3.) _____	\$ _____
4.) _____	\$ _____
5.) _____	\$ _____

TOTAL REQUESTED: \$ _____

APPROVED BY:

Check requests must be approved by RoundUp Chairperson. Three signatures required for requests in the amount of \$200 or more. Chairperson and/or Trustee signature(s) required.

- 1.) _____ Printed Name: _____
- 2.) _____ Printed Name: _____
- 3.) _____ Printed Name: _____

Check # _____ Check Written By: _____ Date: _____