

UNITARIAN UNIVERSALIST SOCIETY OF SACRAMENTO

CHECK REQUEST FORM

Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Pay to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Charge to: \_\_\_\_\_  
(Committee / Event / Budget Line Item)

Brief explanation of the request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested by: \_\_\_\_\_

Contact Information: \_\_\_\_\_

Approved by Committee Chair: \_\_\_\_\_

Administrative Approval: \_\_\_\_\_

**\*Please attach all applicable receipts and return this form to the Office\***

**Revised 8/29/12**

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