



Riverside Flying R Club
CHECK REQUEST FORM

Requested by: _____ **Date:** _____

Phone: _____ **Amount Requested:** _____

Event Name (if applicable): _____

Purpose of Check Request	Item Cost	Sales Tax	Total

Check to be written to: _____

Please submit this form to the Flying R Club Treasurer for approval.

Authorized by Club President: _____ **Date:** _____

Authorized by Club Treasurer: _____ **Date:** _____

****Upon payment for the purpose listed above, a copy of the invoice or receipt must be returned to the Club Treasurer and attached to this form **.**

Office Use Only

Check Number: _____ **Date Paid:** _____ **Amount Paid:** _____