

## Chaparral PFC Check Request Form

Please note that this form **MUST** be written in ink, not pencil.  
All receipts must be attached to this form before submission.  
*Thank you!*

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

Requested By: \_\_\_\_\_ Phone: \_\_\_\_\_

Payee on Check: \_\_\_\_\_

Hold Check    **OR**     Mail Check to:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date	Vendor & Description	Amount
<b>Total Amount</b>		<b>\$</b>

**FOR OFFICE USE ONLY:**

Charge To Account: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

*Reimbursements must be authorized by one of the PFC Presidents.*