



<i>Treasurer use only:</i>	
Check Nbr:	_____
Date Paid:	_____
Proc'd by:	_____

Sequoia APT Vendor Check Request Form
(Receipts must be attached to the back of this form please.)

Make check payable to: *(Please include the Vendor Mailing Address)*

Date Submitted: _____

Vendor Name: _____

Vendor Address: _____

Vendor Phone: _____

Date Needed By: _____

This request will require two Board Member signatures on the check.
Please allow for enough time to have request processed.
 Indicate zero (0) if no deposit was made.

Total Due to vendor	\$ _____.
Deposit Previously Paid	-\$ _____.
Total amount due on this request	\$ _____.

Expenses Account:

<u>Date</u>	<u>Description/Reason</u>	<u>Event/Committee</u>	<u>\$ Amount</u>
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL AMOUNT OF CHECK REQUEST: \$ _____

Authorized to pay:

 Executive Board Member

 Executive Board Member