



## Check Request Form

Date Submitted to Treasurer: \_\_\_\_\_ Deadline Date Required: \_\_\_\_\_

Name of Project/Grant: \_\_\_\_\_

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

**Make Check Payable to:**

Must use Legal Payee name: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_  
(Required if grant is \$5,000.00 or more)

Contact Person: \_\_\_\_\_

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

**Delivery Method: Check one ✓**

Mailed to above address

Will be hand deliver by: \_\_\_\_\_

**Request submitted by:** \_\_\_\_\_