

UNITARIAN UNIVERSALIST SOCIETY OF SACRAMENTO

CHECK REQUEST FORM

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

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

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

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

\_\_\_\_\_

Charge to: \_\_\_\_\_  
(Committee or Event)

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

Business Administrator Approval: \_\_\_\_\_

**\*Please attach all applicable receipts and turn this form in to the Business Office. (Or Fax: 483-4934)**