

**Friendship Star Quilters
Check Request**

Pay to the order of (please print)

Name _____
 Address _____
 City _____ State _____ Zip+4 _____
 e-mail _____

Purpose of check

Attach original receipts or invoices -- photocopies do not meet audit requirements.

Please itemize here:

Amount

_____	\$ _____
_____	_____
_____	_____
_____	_____
Total due	\$ _____

Requested by:

Signature _____ Date _____
 Print name _____ Phone _____
 e-mail _____

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Approved by:

1. Officer Signature _____ Date _____

Expenses of \$300.00 or more and ALL contracts require signatures of two elected officers.

2. Officer Signature _____ Date _____

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Accounting

Check no _____ Date _____
 GL account _____ \$ _____ Class _____
 Split _____ \$ _____ Class _____
 Split _____ \$ _____ Class _____