LOOMIS QUILT & FIBER GUILD
PO Box 1666
Loomis CA 95650

Check Request

DATE: _____

Make Check Payable To: Name: _____

Adress: _____

City/Sate/Zip Code: _____

Requested Check Amount: $_____ Pick Up OR Mail the Check _____

Reason for Payment: _____

Documentation/Receipts Attached Yes☐ No ☐

If the answer to Documentation/Receipts is YES, Items must be attached!

Charge Committee/Department: _____

Requested By: _____ Print Name: _____

Approved by: _____ Print Name_____

Note: Signatures for "Requested By" AND "Approved By" must include the position held.

****Note: Checks may not be approved by the person the check is made payable to nor the Treasurer.***

This area below is for Treasurer use only.

Check #_____ Check Amount: _____

Issued By _____ Date Issued _____

Additional Notes: _____

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