



CALIFORNIA FLY FISHERS UNLIMITED

CHECK REQUEST FORM

Request reimbursement to member

Request check to vendor

Date: _____

Make check payable to: _____

Amount: \$ _____ Expense Category: _____
(Examples: newsletter, logo sales, outings etc.)

Vendor: _____

Items purchased: (Note: Receipts are required).

Expenditure approved: Budgeted item: Yes No - If yes, no further approval is needed.

Bd. of Directors: Yes No - **REQUIRED** if not budgeted amount.

Receipts attached: Yes No - **REQUIRED**

Comments / reason for check:

Signature of member requesting reimbursement / check

Date

Check issued by

paid by check # and date