

Venice-Nokomis Woman's Club
PO Box 416
Venice, FL 34284-0416

CHECK REQUEST FORM

Please refer to Chapter 7, Financial and Expense Reporting Guidelines in the VNWC Policies and Procedures Manual should additional information be needed. All requests must provide supporting documentation for reimbursement.

All Requests for payment must be made within 45 days of event date
Payment requests cannot exceed budget amount without Board Approval

Requester _____ **Date** _____

#1

Make check payable to: _____

Address: _____

Event or Activity: _____ Event Date: _____

Requested Payment Amount: _____ Signature: _____

Approved: _____ Amt. paid: _____ Date: _____ Ck #: _____

#2

Make check payable to: _____

Address: _____

Event or Activity: _____ Event Date: _____

Requested Payment Amount: _____ Signature: _____

Approved: _____ Amt. paid: _____ Date: _____ Ck #: _____

#3

Make check payable to: _____

Address: _____

Event or Activity: _____ Event Date: _____

Requested Payment Amount: _____ Signature: _____

Approved: _____ Amt. paid: _____ Date: _____ Ck #: _____

Total Reimbursement Requested: \$ _____