



ADVANCE PAYMENT - CHECK REQUEST FORM

Please make check payable to: _____

Vendor Name:	Vendor Phone:
Vendor Address:	Vendor Email:
Vendor City/St/Zip:	Payment Due Date:

Payment Details:

Date of Request	Explanation/Description of Expense	Program or Event	Account/Class Treasurer Use Only	Amount
Total Check Amount				\$

Member Signature: _____

Date: _____

Approved By: _____

Date: _____

Please attach original invoice or price estimate and submit to Treasurer:

Randa Feldman, 6651 Cottonwood Knoll Ct., West Bloomfield, MI 48322
or email: randasisterhood@yahoo.com

<i>Internal Use Only</i>				
Ck # _____	Check Date: _____	Amt \$ _____	Acct: _____	Class: _____