

INTER-CANYON LEAGUE



CHECK REQUEST FORM

PO Box 301
Silverado, CA 92676

www.intercanyonleague.org

Date of Request

Account ID

(ICL General, Friends of Library,
Canyon Watch, or Disaster Relief)

For:

Make Check Payable To:

Vendor Name: _____

Mailing Address:

Street address

City

State

Zip

Phone Number: _____

Date	Event or Activity Name	Explanation of Expense	Amount	e
				0
				0
				0
				0
				0
				0
Subtotal			\$	0.00

Complete each column, Date through Committee, for each receipt or invoice being submitted.

Complete a separate form for each individual check being requested.

Original invoices MUST be attached to 8.5x11 paper and attached to this form.

Advanced Funds

\$ -

Balance due

\$ -

Committee Approval: _____

Date: _____

Board Approval: _____

Date: _____

Accounting Use Only

CHECK # _____ CHECK DATE _____ ACCOUNT _____ Code _____