

Augusta Council of Garden Clubs

CHECK REQUEST FORM

DATE SUBMITTED: _____

DATE DUE: _____

PAYABLE TO: _____

ADDRESS: _____

AMOUNT REQUESTED: _____

RECEIPT MUST BE ATTACHED: _____
(source documents)

CHARGE ACCOUNT: _____

EXPENDITURE FOR: _____

NATURE OF REQUEST: _____
(if program or project—include function date)

TREASURER:

Date _____ Check No. _____

Amount \$ _____