

Date of check _____ Check Number _____ Amount Paid _____



Education MN Little Falls Check Request

Make check payable to: _____

Requested by: _____
(signature)

Activity /Event: _____

Date of Event: _____

Date of check request: _____

Others Involved:

Itemized Expenses (receipts must accompany each request):

Approved by:

President: _____

Treasurer: _____

Date: _____