

**Nimble Fingers Quilters
Check Request**

Pay to the order of (please print)

Name _____

Address _____

City _____ State _____ Zip+4 _____

e-mail _____

Purpose of check

Attach original receipts or invoices -- photocopies do not meet audit requirements.

Please itemize here:

Amount

	\$ _____

Total due \$ _____

Requested by:

Signature _____ Date _____

Print name _____ Phone _____

e-mail _____

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Approved by:

1. Officer Signature _____ Date _____

**Expenses of \$100.00 or more require the signatures of
two elected officers for approval:**

2. Officer Signature _____ Date _____

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Accounting

Check no. _____ Amount _____ Date _____

GL expense account _____