

**Nimble Fingers Quilters  
Check Request**

**Pay to the order of (please print)**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip +4 \_\_\_\_\_

**Purpose of check**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Attach original receipts or invoices  
Please itemize expenses here:**

Amount

_____	_____
_____	_____
_____	_____
_____	_____

**Total amount due**

\_\_\_\_\_

**Requested by**

Signature \_\_\_\_\_

Date \_\_\_\_\_

Print name \_\_\_\_\_

Phone \_\_\_\_\_

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**Approved by**

1. Officer signature \_\_\_\_\_

Date \_\_\_\_\_

2. Officer signature \_\_\_\_\_

Date \_\_\_\_\_

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**Accounting**

Check no \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

Expense category \_\_\_\_\_