CHECK REQUEST FORM

Instructions:

1. Use a separate *Check Request Form* for each check requested
2. Attach all applicable original receipts and/or invoices with each form
3. Allow 10 business days for the check to be issued
4. The Form must be printed and signed. Return forms to MEF Office, MEF mailbox (in main high school office) or scan and email to khanners@meftoday.org

1. DATE OF REQUEST: Click here to enter a date.

2. ISSUE CHECK FROM THE FOLLOWING ACCOUNT:

☐MEF ☐SMAF ☐SMX

3. NAME OF PERSON AND COMMITTEE/GROUP/SPORT REQUESTING THE CHECK:

Name _____

Comm/Group/Sport _____

Email _____

Phone (cell) _____

4. ISSUE THE CHECK:

Make Check Payable to: _____

Amount of Check: _____

Purpose _____

☐I will pick up the check ☐Mail the check to:

Name: _____

Address: _____

City/State/Zip _____

5. APPROVALS NEEDED

Committee/Group/Sport Representative Signature

_____

Signature(s) Date

MEF Executive Director Signature

_____

Signature(s) Date

For Office Use Only

Date Check Cut

Check Number

For Office Use Only

Date Check Cut
Check Number