

**REQUEST FOR CHECK ~ FRANKLIN WOMAN'S CLUB**

Your Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Date Submitted: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Committee to be Charged: \_\_\_\_\_

Reason for Check: \_\_\_\_\_

Check Payable to: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Address of Payee (if no bill attached)

***If this is an invoice that needs to be paid, attach it to this form and the Treasurer will mail payment directly to the vendor.***

.....  
*For Treasurer's Use Only*

Category: \_\_\_\_\_ Check #: \_\_\_\_\_ Date: \_\_\_\_\_

Included in annual budget

Approved at meeting (date \_\_\_\_\_)

yellow

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