

# South Dade Area Check Request

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## GENERAL INFORMATION

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Your Name: \_\_\_\_\_ Date: \_\_\_\_\_

Position: \_\_\_\_\_

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## CHECK INFORMATION

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### Check is paid to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

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## INSTRUCTIONS

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- ❖ Please fill out the approved budget section below, if this is a check request for an approved budget item.
  - ❖ Please fill out the approved motion section below, if this is a check request for an approved motion.
  - ❖ Please attach all documentation (receipts or invoices) to the back of this form.
  - ❖ If this is a prepayment (seed-money, advance payment, etc.), all documentation (expense report, invoices, receipts, etc...) is due at the next ASC meeting.
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## APPROVED BUDGET

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Item	Description	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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## APPROVED MOTION

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Motion #: \_\_\_\_\_

Made By: \_\_\_\_\_ Seconded By: \_\_\_\_\_

READS

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## DO NOT WRITE BELOW THIS LINE

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Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Receipt(s) Received: Yes:  No:

Approved: \_\_\_\_\_  
Signature - Vice Chairperson