

**BIRMINGHAM BLOOMFIELD
NEWCOMERS CLUB**

CHECK REQUEST FORM

Date: _____

Requester Name: _____

Pay to the Order of: _____

Amount: _____

Mail to: _____

The funds are requested for:

____ Advance for _____
____ Reimbursement for _____

Committee/Special Event: _____

Documentation:

____ Attached
____ To be provided

Other comments/instructions: _____

Approval, if required: _____

Signature: _____

OFFICE USE ONLY:

Account _____

Date Recd _____

Date Paid _____

Check Number _____