

AAUW Johnstown Branch Check Request

Date:	Requested by:
Payee:	
Address:	
Amount: \$	
Check one:	
<input type="checkbox"/> mail check to payee	
<input type="checkbox"/> mail check to payee with attachment	
<input type="checkbox"/> Return check to request	
Check fund: <input type="checkbox"/> Operating (check additional boxes below) <input type="checkbox"/> Used Book Sale <input type="checkbox"/> Other	
Check Operating Cost Center:	
<input type="checkbox"/> Hospitality (food, paper products)	<input type="checkbox"/> Newsletter (printing costs)
<input type="checkbox"/> Postage (stamps, bulk rate, FedEx)	<input type="checkbox"/> Publicity (printing flyers, advertising, promotional materials)
<input type="checkbox"/> Speakers (travel, hotel, meals, mileage)	<input type="checkbox"/> Yearbook (printing costs)
Purpose/expense: (list vendor name that appears on receipt)	Amount:
Total:	
Indicate committee/officer responsible for the above charges:	
<input type="checkbox"/> Audit <input type="checkbox"/> Book Sale <input type="checkbox"/> Bylaws <input type="checkbox"/> Communications <input type="checkbox"/> Education <input type="checkbox"/> Educational Fdn. <input type="checkbox"/> Historian <input type="checkbox"/> Membership <input type="checkbox"/> Nominating <input type="checkbox"/> President <input type="checkbox"/> Program <input type="checkbox"/> Public Policy <input type="checkbox"/> Secretary <input type="checkbox"/> Student Scholarship <input type="checkbox"/> Treasurer <input type="checkbox"/> STEM	
Signature:	
Please return the completed form to the Treasurer to request the issuance of a check. Attach all receipts or bills. Mail or give to: Linda Drusak, 902 Parkview Dr. Johnstown, PA 15905	