

CHECK REQUEST

Submit request and receipts to:  
Clare Hansen  
605 Twin Fawns Drive - Frontenac, MO 63131  
314.909-4175 - galenstag@charter.net

Requestor (First & Last Name): \_\_\_\_\_

Requestor Phone Number: (\_\_\_\_) \_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_

Need by \_\_\_\_/\_\_\_\_/\_\_\_\_ Please allow at least 48 hours.

Receipt: \_\_\_\_ Attached \_\_\_\_ Will Follow

Funds will be used for: \_\_\_\_\_

Make the check payable to: \_\_\_\_\_

Send check to: \_\_\_\_\_

Street Address

City

Sate

Zip

*Treasurer Notes:*

**Request Received** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Receipt Received** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Disbursement Category** \_\_\_\_\_

**Check Number** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Check Amount** \$ \_\_\_\_\_

**Check Mailed/Delivered** \_\_\_\_/\_\_\_\_/\_\_\_\_