



Soroptimist International of Lakeview
PO Box 1128
Lakeview, OR 97630

CHECK REQUEST FORM

Indicate type of expense:

- ☐ Payment to Vendor (attach invoice)
☐ Reimbursement to Soroptimist member (attach receipt(s))
☐ Other_____

Make Check to:_____Amount:_____

Mailing Address:_____

Expense Detail: (Include committee/event and item)(i.e.: Holiday Fair decorations)

Requested by:_____ Date:_____
Print name

Signature

☐ Check box if payment is to be mailed directly to requestor

Return completed form to Treasurer, % PO Box 1128 or at a meeting.

Check#_____ Date:_____

