



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: _____

