

CHECK REQUEST FORM
2010 St. Mary's Country Fair

Please return this form ***with all receipts*** to St. Mary's Country Fair file in school work room (mail to ***St. Mary's Country Fair***, 30 Lyndon Ave., Los Gatos, 95030. For questions regarding this form or any reimbursements, email bdcarollo@comcast.net or phone Dana Carollo at 395-1754

Payee (i.e. Company Name) _____ Attn: _____

Requester's Name _____ Request Date: _____
(If different from Payee)

Amount \$ _____ Date check needed: _____ *(allow at least one week)*

Payee's Mailing Address _____

City _____ State _____ Zip _____ Phone _____

Booth or Event (class) _____ *(REQUIRED; if multiple, see below)*

Description _____
(Please be specific-- if for multiple types of expenses, please list below)

You must attach original receipts for reimbursement to be made.

Chairperson Authorization (if over \$500) _____

	<u>BOOTH / EVENT</u>	<u>EXPENSE TYPE</u>	<u>AMOUNT</u>
Expense split:	Charge to: _____	_____	\$ _____
	Charge to: _____	_____	\$ _____
	Charge to: _____	_____	\$ _____
	Charge to: _____	_____	\$ _____
	Charge to: _____	_____	\$ _____
<i>(Total of expenses must equal check total; can list on back of sheet if more space needed)</i>			
-Accounting Use-			
Check # _____	Check Date _____	Written by: _____	
CHECK TOTAL: \$ _____			