



CHECK REQUEST

Venturing Crew ONE
Akron, Ohio

Date: _____

Date Needed: _____

Mail

Hold

Payable to: _____

Amount: _____ **(Note: For any checks over \$15.00, attach invoices/receipts
- do not attach statements.)**

For payment of the following:

Account Distribution:	Account Number
_____	(____ - 2 ____)
_____	(____ - 2 ____)
_____	(____ - 2 ____)
_____	(____ - 2 ____)
_____	(____ - 2 ____)

APPROVALS:

Requester

Date

Vice-President-Finance or designee

Date