



# Davis Madrigals

## Check Request Form

Check Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Check Payable To: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Mail Check To (Address): \_\_\_\_\_

NAME OF ACTIVITY OR EVENT: \_\_\_\_\_

Summary of Expenses:

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total (Amount of Check \$ \_\_\_\_\_)

Signature of Activity Chair or Parent Coordinator: \_\_\_\_\_

*Please complete the information above and obtain signature. Mail this signed form along with ALL RECEIPTS, BILLS OR INVOICES TO:*

Davis Madrigals, Inc

P.O. Box 465

Davis, California 95617

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Treasure Use Only

Date Paid: \_\_\_\_\_ Check Number: \_\_\_\_\_

Budget Category: \_\_\_\_\_ Amount \_\_\_\_\_