

Monticello Women of Today  
Check Requisition Form

Request Date: \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Item	Project/Chairperson	Budget Line #	Amount

Total Amount Requested: \$\_\_\_\_\_

\_\_\_\_\_  
Requestor Signature                      Date

\_\_\_\_\_  
Treasurer Signature                      Date

**Date Paid:** \_\_\_\_\_ **Check#** \_\_\_\_\_ **Amount::** \_\_\_\_\_

**THIS REQUISITION MUST BE SUBMITTED WITHIN 90 DAYS OF  
EXPENSE ACCORDING TO OUR BY-LAWS  
RECEIPTS MUST BE ATTACHED IN ORDER TO GET PAID**