

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**