

**MONTICELLO WOMEN OF TODAY
Expense / Check Request Form**

Request Date: _____

Make Check Payable to:

Project	Purchase Description (brief summary)	Budget #	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 CHAPTER BYLAWS
RECEIPTS MUST BE ATTACHED TO GET PAID**