

BUDA Check Request Form

Date: _____

Program

<input type="checkbox"/> Winter Hat	<input type="checkbox"/> Summer Club	<input type="checkbox"/> Fall Hat
<input type="checkbox"/> Learning League	<input type="checkbox"/> Summer Hat	<input type="checkbox"/> Fall Club
<input type="checkbox"/> Spring Hat	<input type="checkbox"/> Good Cause	<input type="checkbox"/> General
<input type="checkbox"/> High School/YP	<input type="checkbox"/> Tournaments	<input type="checkbox"/> Other: _____

Payment Information

Check Amount: _____ Date Check Needed: _____

Requested by : _____

Make check payable to: _____
(Name, if different from above)

(Street, City, Zip Code)

Note : For payments requiring a cover letter, please enclose two copies of the letter. One for BUDA records and one to mail.

Accounting use	Check number	_____
only	Date	_____

Description of Expenses

Please attach receipt to back of sheet
