



CHECK REQUISITION

Submit to MARC Treasurer immediately after expense is incurred.

Date: _____

Name: _____

Office: _____ Amt Requested: _____

Reason:

Budget approved: ____ Yes ____ No

Treasurer

EXECUTIVE BOARD APPROVED:

Date: _____

Treasurer

Attach receipts (original or scanned copy) to equal amount requested. Submit copy to Treasurer via mail or email. Treasurer will respond with balance of budgeted amount noted.

BALANCE OF BUDGETED AMOUNT \$ _____

PAID BY CHECK NO. _____ DATED _____