



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 e-mail. Treasurer will respond with balance of budgeted amount noted.

BALANCE OF BUDGETED AMOUNT \$ _____

PAID BY CHECK NO. _____ DATED _____