



MARC CHECK REQUISITION

Date: _____

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Office: _____ Amount Requested: _____

Reason: _____

Budget approved: ____ Yes ____ No

Treasurer

EXECUTIVE BOARD APPROVED:

Date: _____ Balance of Budgeted Amount \$ _____

Treasurer Pd Ck # _____ Dated _____

- Please attach all original receipts to equal the amount requested.
- Please submit 2 copies of the requisition to the Treasurer. The first copy will remain with the Treasurer records. The second copy will be returned with the balance of the budgeted amount noted.