

Dominion Woman's Club

Check Request Form

	Check #:	
	Date of Check:	
Date:		
Please make check payable to:		
Mailing Address:		
City, State, Zip Code:		
Reason for Check Request (plea	ase include committee, fundraiser, charity and p	oroject):
Vendor	Description of Item/Service	Amount
Total Amount to be Paid		
Please	e attach receipts for all purchased items	
	r): Date:	
Approved by (committee chair) Date	
	For Treasurer's Use Only	
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