

W.O. Mitchell School Council

CHEQUE REQUEST

DATE: _____

AMOUNT: \$ _____

REQUESTED BY: _____

SIGNATURE: _____

PAYABLE TO: _____

DESCRIPTION OF EXPENSE: _____

ADDRESS: _____

RECEIPT PROVIDED: YES NO

PLEASE ATTACH RECEIPTS TO THE FORM

OTHER COMMENTS: _____

APPROVED BY: _____

SIGNATURE: _____

ISSUED BY TREASURER: _____

DATE ISSUED: _____

CHEQUE NO.: _____