



[www.ccdtc.org](http://www.ccdtc.org)

# CLERMONT COUNTY DOG TRAINING CLUB, INC.

## CHECK REQUEST

Date: \_\_\_\_\_

### REQUESTOR INFORMATION

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Mail Check

Hold Check at Club

### CHECK PAYABLE TO

Name: \_\_\_\_\_

Date Check Is Needed: \_\_\_\_\_

Address: \_\_\_\_\_

Federal Taxpayer ID: \_\_\_\_\_

(if needed)

Payment Description, Reason for Check, List of Receipts (Use backside if needed)	Amount
<b>Total Check Amount</b>	<b>\$</b>

***Request form must be signed by ONE of the below individuals***

All Request in excess of \$200 requires Board Approval, over \$500 requires Member Approval

Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Event Chair: \_\_\_\_\_

Date: \_\_\_\_\_

Area Head: \_\_\_\_\_

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Date: \_\_\_\_\_