

VCES Check Request Form

Name:

Event or Purpose:

List your expenses below and attach corresponding original receipt(s).

Date	Type of expense (food, office supplies, party supplies, etc.)	Vendor	Cost
TOTAL			<input style="width: 100px; height: 25px;" type="text"/>

Make check payable to:

Deliver check to (mailing address or VCES office):

Signature: _____ Date: _____

*** Return this form to VCES PTC Treasurer**

Admin only
 VCES Check # Issued: _____ Date: _____
 PTC Treasurer Approval Signature: _____