



**friendship force**  
FLORIDA SUNCOAST

**CHECK REQUEST FORM for Reimbursement of Expenses**

<p><b>To Treasurer: Please write check in the amount of \$</b> Date of request _____</p>
<p><u>If check is to be mailed, provide mailing instructions and attach enclosures.</u> <b>Payable to -</b> <b>Name</b> <b>Address</b></p> <p>Phone: _____ Email: _____</p> <p>(If this form is submitted by someone other than the payee, please supply information):</p>
<p><b>Event and type of expense, i.e. stationery, communications, etc.:</b></p> <p>Breakdown of expenses:</p> <p>Total (This should be the same amount as claimed above.) \$ _____</p>
<p><b>If this is a deposit on a future event, provide the following information:</b></p> <p>How is the total cost computed? _____ Total guaranteed _____</p> <p>Additional payments due: Date _____ \$ _____ Date _____ \$ _____</p> <p>You may send this payment to:</p>
<p><b>Signature of claimant:</b> .....</p>