

# CHECK REQUEST FORM



1) CHECK REQUEST INFORMATION:	2) TYPE OF EXPENSE
Date of Request: _____	<input type="checkbox"/> Wish Child
Requested By: _____	<input type="checkbox"/> Event
Dated Check Needed by Chapter: _____	<input type="checkbox"/> General
Emergency Check	Hold Processing Until Date Stated
Total Check Amount: \$ _____	

3) PAYABLE INFORMATION:
Check Payable to: _____
Full Address: _____
_____

4) CODING INFORMATION:				
Please verify the subtotal of the dollar breakdown below agrees to the total check amount.				
Expense Description	Account XXXX	Function XX	Wish Child: WC# & Expense Type Event: Appeal Code	Amount \$

Functional Code Legend:      10 – Wish-granting      12 – Program-related      15 – Public Information  
   50 – Fundraising      80 – Management & General      BLS – Functional Allocation

5) SHIPPING INFORMATION:
Check will be couriered to chapter unless otherwise indicated below:
Alternative Shipping Method: _____
Shipping Address: <input type="checkbox"/> Return to chapter office <input type="checkbox"/> Return to payee address above
<input type="checkbox"/> Alternative Address: _____

6) APPROVALS:	
Approved By: _____	Date: _____
CFS Review: _____	Date: _____