

**REDWOOD COAST MONTESSORI**  
**CHECK REQUEST FORM**

*Checks will be issued 2<sup>nd</sup> and 4<sup>th</sup> Thursdays of the month.*

Person Requesting Check		
Name:	Phone #:	Date:

Vendor/Person to be Paid
Check Payable to:
Mailing Address:
Telephone:

Payment Details
Total Amount: \$ _____
Pay By Date: _____

Expense Details
Description or Purpose:
Class/Club Fund:

***Attach supporting Documentation to this request. (receipts, screen print-outs, invoices)***

Make a copy for your records.

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Director's Signature \_\_\_\_\_ Date \_\_\_\_\_