## **Soulard Restoration Group - Check Request Form**

This form used to: 1) Request reimbursement for money spent or 2) Request a check to pay an invoice directly.

**PLEASE NOTE:** Generally, checks will be cut 2x a month:

1) the weekend prior to the General Membership Meeting (1st Wednesday) and

2) the weekend prior to the Board of Directors' meeting (3rd Wednesday).

Checks should be ready for distribution no later than the Thursday of these weeks.

Please submit your check request to the Treasurer by 5:00 pm of the Friday before these above referenced weekends.

Today's Date:  Amount Requested: \$			
X	Amount	Required	
	< or = to \$500	Chair Approval/Liaison May be Consulted & Approve	
	> \$500 - \$1,000	Chair Approval/Liaison Consulted and May Approve	
	> \$1,000 - \$2,500	3 Bids, Proposal to President & Treasurer via Liaison,	
		Chair & Liaison Approval	
	> \$2,500 - \$10,000	3 Bids, Proposal to Board via Liaison, Board Majority	
		Approval Required, Chair & Liaison Approval	
*Please rememb	er to use tax exempt letter	r for purchases as we are exempt from state & local taxes.	
Payable To:			
·			
Address:			
Committee Charged:			
Budget Line Item: List additional on back.	\$		
	Amt.	Budget Line Item Any Additional Information	
Special Request or N	otes:		
Requested Method of	f Check Delivery (Please	check the appropriate box below):	
	U.S. Mail		
	Name & Address	of Person to Whom it is to be Mailed:	
	Name:		
	City, ST Zip:		
	Coordinate w/Treasurer		
	Pick Up at Next Meeting		
Approval of Committee Chair:		Approval of Board Liaison (if required):	
Print First & Last Name		Print First & Last Name	
Signature		Signature	
	Approval of SR	G President/Board (if required):	
Print First & Last Name		Signature	

## **Additional Expenses:**

Amount	Budget Line Item	Any Additional Information
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