



# CARDS INC. CHECK REQUEST FORM

## ACTUAL RECEIPT/PURCHASE ORDER OR SCAN OF MUST BE ATTACHED TO CHECK REQUEST FORM

From: \_\_\_\_\_

Phone: \_\_\_\_\_

Date Of Request: \_\_\_\_\_

Date Needed By: \_\_\_\_\_

Was this pre-approved in the Annual Budget?    Y    N

If this is a non-budgeted item, was pre-approval received via a CARDS INC. membership Vote?    Y    N

Please issue a check payable to \_\_\_\_\_ in the  
amount of \$ \_\_\_\_\_ to cover the cost of \_\_\_\_\_.

This amount attaches to the budget line item and/or committee of:

\_\_\_\_\_

Check will be picked up in person at/during:

\_\_\_\_\_

OR

Mail to Vendor Address as Below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please note – an INVOICE or a RECEIPT MUST be attached. Check/Payment will not be made without one. WE WILL NOT REIMBURSE FOR SALES TAX.** CARDS INC is a registered 501(c)(3) not for profit organization. If you require the tax exempt form, please contact the Treasurer (cardsinctreasurer@gmail.com). Tax ID: 31-1316677

CARDS INC Board Use:

Initials: Date Mailed \_\_\_\_\_ Date Picked Up \_\_\_\_\_ **DATE PD WITH CK #:** \_\_\_\_\_