



festival of the arts 2017 Check Request

All information must be filled out completely or checks will not be processed.

Date of Request: _____

Check Payable To:

Name: _____

Address: _____

City, State, Zip: _____

Committee Requested By: _____

Name: _____

Address: _____

City, State, Zip: _____

Purchased From	Item(s)	Amount

Total Amount Requested: \$ _____

2017 Co-Chair Approval: _____
(not committee chairs)

FOR OFFICE USE ONLY:

Check # _____ Date _____ Amount \$ _____ Account # _____