



Imperial Court of Minnesota



Check Request Form

Pay to: _____

Amount: _____

Check Number: _____

Account Name: _____

Date of Request: _____

Check Needed By: _____

Date BOD approved: _____

Date Check Cut: _____

Notes:

Approval: (must be signed by 3 members of the Board of Directors, 2 of which are not signers on the bank account) :

Executive Treasurer Signature

Date

Board of Directors Signature

Date

Board of Directors Signature

Date

For Internal Use Only

Fundraiser Total: \$ _____

Charity: \$ _____ % _____ ICOM: \$ _____ % _____

Date Mailed: _____

Date Cleared: _____

Acknowledged: _____