



SOROPTIMIST

Best for Women

Soroptimist International of Vista

P.O. Box 382  
Vista, California 92085-0382  
[www.soroptimistvista.org](http://www.soroptimistvista.org)  
[www.liveyourdream.org](http://www.liveyourdream.org)

## CHECK REQUEST

Date: \_\_\_\_\_

To: TREASURER  
Soroptimist International of Vista

From: \_\_\_\_\_  
(your name)

Please pay: \$\_\_\_\_\_ for the following expense(s) as evidenced by (check one or more if applicable):

Invoice     Receipt     Approved Board motion     Budget

*NOTE: Receipts and/or copies of invoices MUST be attached.*

PAY TO: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Expenses for: \_\_\_\_\_

PAY FROM: \_\_\_\_\_ GENERAL FUND (Operating)  
\_\_\_\_\_ SERVICE FUND (Service or Awards)  
\_\_\_\_\_ GRANT (name grant): \_\_\_\_\_

Committee: \_\_\_\_\_

Project Name: \_\_\_\_\_

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Payment Authorized by (must be Director of Committee):

\_\_\_\_\_

Date Paid \_\_\_\_\_ Check #: \_\_\_\_\_