

# SCTA

## CHECK REQUEST AND PAYMENT APPROVAL FORM

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

Requested By: \_\_\_\_\_

**\*\*PAY TO THE ORDER OF:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount: \$ \_\_\_\_\_

Purpose of Check: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**All Receipt(s) / Documentation MUST be attached to this sheet.**

Treasurer/Board Member Approval: \_\_\_\_\_

**\*\*Is this a new vendor? If so, please complete the New Vendor form.**