

**SOUTH BROWARD  
ASC CHECK REQUEST  
FORM**

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

Check to be made payable to: \_\_\_\_\_

Address (if check is to be mailed) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Individual requesting check: \_\_\_\_\_

Position or Committee: \_\_\_\_\_ Amount \_\_\_\_\_

Receipt Submitted: \_\_\_\_\_ Yes \_\_\_\_\_ No (If no, why not?) \_\_\_\_\_

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Comments/Reason for Request \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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For Treasurer's Use Only (Please do not write below this Line):

Check Number \_\_\_\_\_ Total Amount of Check \$ \_\_\_\_\_

Budgeted Item \_\_\_\_\_ Yes \_\_\_\_\_ No If no, Motion # \_\_\_\_\_ to approve disbursement

Committee \_\_\_\_\_ Line Item \_\_\_\_\_ Amount \$ \_\_\_\_\_

Committee \_\_\_\_\_ Line Item \_\_\_\_\_ Amount \$ \_\_\_\_\_

Committee \_\_\_\_\_ Line Item \_\_\_\_\_ Amount \$ \_\_\_\_\_

Committee \_\_\_\_\_ Line Item \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total \$ \_\_\_\_\_