

PARKVILLE RECREATION COUNCIL

8601 HARFORD ROAD

PARKVILLE, MD 21234

410-887-5300

PROGRAM FUND CHECK REQUEST FORM

*****All check requests to be processed must be received by 2:00pm each Friday in order to be processed. **REQUESTS RECEIVED AFTER THIS TIME WILL NOT BE PROCESSED UNTIL THE FOLLOWING WEEK.**

DATE: _____

PROGRAM ACTIVITY _____ SUBMITTED BY _____

PAYABLE TO: _____ AMOUNT: \$ _____

INVOICE NO: _____

MAIL CHECK TO: _____
(NAME)

(STREET ADDRESS)

(CITY) (STATE) (ZIPCODE)

CHECK ROUTING:

_____ MAIL TO PAYEE AS INDICATED	DATE MAILED _____
_____ HOLD AT RECREATION OFFICE FOR PICK UP	DATE PICKED UP _____
_____ MAIL TO PROGRAM REPRESENTATIVE	DATE MAILED _____

DO YOU NEED COPIES OF THIS CHECK REQUEST AND RECEIPTS MAILED TO YOU? YES NO

PURPOSE OF CHECK

***NOTE: Invoice, receipts, and registration forms for refunds must be attached to check request.

**** If you need a check to purchase items, you must submit an itemization of what type of purchases, estimated cost to check request, type of event and date of event. **YOU HAVE 10 DAYS FROM THE DATE OF THE EVENT TO SUBMIT RECEIPTS FOR THIS EXPENDITURE!!!!**

Supplies \$ _____ Equipment \$ _____ Uniforms \$ _____

Fund Raising Expenses \$ _____ Refunds \$ _____ Officials Expenses \$ _____

Tournament Expenses \$ _____ Administrative Expenses \$ _____

Misc. Expenses (Describe) _____ \$ _____

***Only designated program representatives can submit a check request – REQUESTS MUST BE SIGNED FOR PROCESSING.**

Printed name and Signature of Program Chairperson/Treasurer PHONE: _____

First Signature of Executive Board Member

Second Signature of Executive Board Member

FOR COUNCIL TREASURER'S/BOOKKEEPER'S USAGE ONLY

DATE PAID _____

CHECK NUMBER _____

BILL RECEIVED: YES: _____ NO: _____

CHARGED TO: _____

BUDGET FUNDS: YES: _____ NO: _____

Balance forward after transaction _____

(If no, program must submit amendment to their current budget)