

**Nimble Fingers Quilters
Check Request**

Pay to the order of (please print)

Name _____

Address _____

City _____ State _____ Zip +4 _____

Purpose of check

**Attach original receipts or invoices
Please itemize expenses here:**

Amount

_____	_____
_____	_____
_____	_____
_____	_____

Total amount due

Requested by

Signature _____

Date _____

Print name _____

Phone _____

Approved by

1. Officer signature _____

Date _____

2. Officer signature _____

Date _____

Accounting

Check no _____ Amount _____ Date _____

Expense category _____