

Connecticut Swimming, Inc.
CHECK REQUEST FORM

Date Requested: _____

Date Due: _____

Vendor Name: _____

Vendor Address: _____

Amount of Check: _____

Purpose of Check: _____

Distribution to Expense Accounts:

Expense Account	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Approved for payment:

By: _____

Mail To:
Mary Westcott, Treasurer
54 Lido Rd.
Unionville, CT 06085
1-866-238-8660 Fax

Check # _____

Check Date _____

Please attach pertinent invoices, receipts etc.
***No requests will be processed without an
authorized signature.***