



Connecticut Swimming

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: _____

Check #: _____

Check Date: _____

Email or fax to:
Connecticut Swimming Office
office@ctswim.org
1-866-238-8660 Fax
Please attach pertinent invoices, receipts etc.

No requests will be processed without an authorized signature.