

## OTAP Check Request Form

Please note: *The OTAP Treasurer is not authorized to issue payment without itemized receipt or invoice attached to this form.*

Committee Name: \_\_\_\_\_

What will this money be used for? \_\_\_\_\_

Amount of Committee Budget: \_\_\_\_\_

Amount encumbered from this Committee's Budget: \_\_\_\_\_

Amount of this Check Request: \$ \_\_\_\_\_

After this purchase, amount that will remain in this Committee's Budget: \_\_\_\_\_

Date Funds are Needed: \_\_\_\_\_

Who check should be made out to: (It is preferable that the check be made out directly to the vendor. When this is not possible, the check will be made out to an OTAP member.): \_\_\_\_\_ (please print)

To what address should this check be mailed?

Who should be called if there are any questions regarding this request? (name & phone of person to call) \_\_\_\_\_

Signatures of approval for said purchase:

Requestor's Signature: \_\_\_\_\_

Committee Chairman's Signature \_\_\_\_\_

Committee's Board Liaison's Signature \_\_\_\_\_

Second Board Member's Signature \_\_\_\_\_

Treasurer's Signature: \_\_\_\_\_

Check #: \_\_\_\_\_

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