

**PARENTS WITHOUT PARTNERS, Inc., Chapter 715
Check Request Voucher Form**

Amount of Check (Ck) \$ _____	Date of Ck: _____
Account: _____	Ck payable to: _____
Mailed to: _____	
PAYMENT IS FOR:	
<u>Reimbursement of expenses incurred at an activity:</u> <input type="checkbox"/>	
Date of Activity: _____	Name of Activity: _____
<u>Advance for an activity:</u> <input type="checkbox"/>	
Date of Activity: _____	Name of Activity: _____
<u>Deposit for activity or room for party/activity:</u> <input type="checkbox"/>	
Date of Activity: _____	Name of Activity: _____
<i>If check is for a room or an activity/party, please give name of room</i> _____	
<u>Other :</u> <input type="checkbox"/>	
<i>Please give brief description of reason for expense:</i>	
Receipts MUST accompany all vouchers before payment can be made	
Approved By _____	
Board of Director in Charge	
CHECK NUMBER _____	

Form and vouchers to: Sara Payne: 10603 Center St., Fairfax, VA 22030;
Questions? Email to: sarapwp@yahoo.com