



Kiwanis Club of Kennewick Request for Check

Date: _____

Payable To: _____ Amount: _____

Address: _____

Reason for Disbursement: _____

Delivery Instructions: _____

Requested By: (Committee) _____

Budgeted Item: Yes No

(If Not) Board Approved: Yes No

Date Paid: _____

Check Number: _____



Kiwanis Club of Kennewick Request for Check

Date: _____

Payable To: _____ Amount: _____

Address: _____

Reason for Disbursement: _____

Delivery Instructions: _____

Requested By: (Committee) _____

Budgeted Item: Yes No

(If Not) Board Approved: Yes No

Date Paid: _____

Check Number: _____