Check Request Form

Make check payable to:		Date://	
Mailing Address:(Street)		(City, State, Zip) Phone:	
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Committee	<u>Item</u>	Activity and Date	Amount
		Total \$	
Requested by:		Approved by:	
(Type or print name)		/ /
		Signature Committee Chair	Date
	Date		
Submit form to Chicago ACS h	ov mail to 1400 Renaissance	e Dr. Suite 312, Park Ridge, IL 60068 or	fax to 1-847-391-9091
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e: All check requests must be sign	ned by the person submitting t	he request and the committee chair authorizing	ng the expenditures.
	Check I	Request Form	
	Check I	tequest 1 omi	
Make check payable to:(Type or print name)		Date:/	
(Туре	e or print name)		
Mailing Address:, (Street)		Phone:	
(Stree		(City, State, Zip)	
Committee	Item	Activity and Date	Amount
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Requested by:		Approved by:	stal \$
(Type or print name))	Approved by.	
	/		//
Signature	Date	Signature Committee Chair	Date

Submit form to Chicago ACS by mail to 1400 Renaissance Dr. Suite 312, Park Ridge, IL 60068 or fax to 1-847-391-9091

Note: All check requests must be signed by the person submitting the request and the committee chair authorizing the expenditures.