

CVC
CHECK REQUEST
PRINT INFORMATION & ATTACH THE INVOICE

Requestor: _____ Date Prepared: _____
 Make Check _____
 Payable To: _____
 Address: _____
 (If needed)

PROGRAM	COST CODE (see below)	AMOUNT	PURPOSE
Operations			
Club Meetings			
Cruisin'			
Advocacy & Safety			
Donations			

COST CODES		
5 - Brochures	35 - Fees & Permits	65 - Trash
10 - Communications	40 - Insurance	70 - SAG Expense
15 - Clothing -	45 - Postage	75 - Supplies
20 - Clothing - T's	50 - Printing	80 - Miscellaneous
25 - Donations	55 - Rentals	85 - Member Benefits
30 - Food	60 - Refunds	90 - Tax Return Prep.

ATTACH INVOICE IN SPACE BELOW OR ON A SEPARATE SHEET

DATE PAID: _____ CheckNumber: _____ Received By: _____