**NAMI Grand Rapids Area**

**Check Request and Payment Approval Form**

**Request Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Requester Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Check Needed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PAY TO THE ORDER OF: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Amount of Check: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Purpose of Check:**

|  |
| --- |
|  |

**Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
 President/Vice-President**

**Date Received by**

**Treasurer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treasurer’s Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**INVOICE / RECEIPT / OR OTHER DOCUMENTATION MUST BE**

**ATTACHED TO THIS REQUEST**