

Check Request

Brea Olinda Teachers Association
Tamara O'Rourke, Treasurer
749 S. Brea Blvd.
Brea, CA, 92821
(714) 256-9900

Date of request: _____

Name of member requesting issuance of check: _____

Check to be paid to the order of: _____

Address _____

This check is requested to cover the following expense(s):

1. _____ Amount \$ _____

2. _____ Amount \$ _____

3. _____ Amount \$ _____

Total Amount of check requested: \$ _____

Signature of member _____

Please attach receipt(s) to the back of this form.

Please do not write below this line.

Authorization: Budget ____ Executive Board ____ Rep. Council ____

Check issued on: Date _____ Amount \$ _____

Check # _____ Budget Category _____

President Signature

Treasurer Signature