NEEDLEWORK GUILD OF MINNESOTA
REQUEST FOR CHECK

Check #_____
Date Paid_____
Amount_____
Office Use Only

DATE _____
REQUESTED BY_____
ACCOUNT_____

PAYABLE TO: _____

*SOCIAL SECURITY NUMBER _____OR
FEDERAL TAX ID_____
*PHONE NUMBER (_____)_____

MAILING ADDRESS_____

_____

HANDLING INSTRUCTIONS_____

EXPLANATION OF REQUEST_____

SUPPORTING DOCUMENTS MUST BE ATTACHED FOR CHECK TO BE ISSUED. (BILLS, RECEIPTS, STATEMENT, SALES SLIP, COPY OF CONTRACT)

SUMMARY OF EXPENDITURES

	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
	$
TOTAL	$

*This must be filled in if check is payable to an individual for services rendered. Some examples would be teacher, lecturer (Name, Address, Social Security number or Federal Tax ID, Phone Number including Area Code are required by the IRS)
NGM/MKG/10/04