

(Association Name)

HOMEOWNERS ASSOCIATION CHECK REQUEST

Please note that it will take a minimum of 10 days to get a check cut. Please plan ahead for your requests.

Date Submitted: _____ Date Required: _____ Amount \$ _____

Check Payable to:

Check Routing Instructions:
_____ Mail check
_____ Call when ready

Mailing Address (if applicable)

No. to Call: _____

Description of expense/Reason for request: (receipts/backup must be submitted w/request)

Requested By: _____ Approved By*: _____

*Approval required by Committee Chair OR Treasure

Circle Category to charge expense:

ARC Committee	Pool Committee	Copies
Beautification Comm.	Safety/Crime Watch	Other: _____
Communications Comm.	Social Committee	

****ALL REQUESTS MUST BE SUBMITTED WITH RECEIPTS AND/OR OTHER FORM OF BACKUP FOR PROOF OF PAYMENT. MANAGEMENT COMPANY WILL NOT CUT CHECKS WITHOUT COMMITTEE CHAIR OR TREASURER APPROVAL.**