



SGMP Georgia Peach Chapter Check Request/Reimbursement Form

Directions:

1. Print and complete this form in its entirety.
2. Attach receipts to this form (*if small receipts, tape to an 8" x 11" sheet of paper*).
3. **Send to: SGMP Georgia Peach Chapter, Post Office Box 491197, College Park, GA 30349.**
4. Payment should be sent within 2–3 weeks (*if not sooner*).
5. Questions? Contact the current Treasurer.

Today's Date: _____ Date Approved by Board: _____

Prepared by: _____ Phone: _____

Total Amount: \$ _____ Receipts attached: ___ Yes ___ No

Account (Committee)	Purpose
_____	_____
_____	_____
_____	_____
_____	_____

Make Check Payable to:

Name _____

Organization _____

Address _____

City/State/Zip _____

Please Note:

All check requests must be accompanied by the original receipts.
Incomplete forms will result in delayed payment.

For office use only:

Date issued _____

Check No. _____

Amount \$ _____