GLORYSTAR CHILDREN'S CHORUS

CHECK REQUEST FORM

Date: _____

Pay to the Order of: _____

CATEGORY	DESCRIPTION	AMOUNT
TOTAL		

******* Please submit purchase receipt with this form for reimbursement.***

Originator Signature: _____Date: _____

Authorized Officer: _____ Date: _____

For Official Use Only

Check # *Date:*

14 Eldwick Court, Potomac, MD 20854 Phone: 301.279.5606, Fax: 301.309.6562

Revised 9/18/08