

Date Submitted for Review: \_\_\_\_\_

## GMA CHECK REQUEST FORM

Club Name: \_\_\_\_\_

Purpose for Check Request: \_\_\_\_\_

Date Check Needed: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Check Recipient's Information:

Vendor Name	
Contact Name	
Address	
City, State, Zip	
Email	
Phone #	
Fax #	
Federal ID #	
*Vendor ID #	

\* For internal use only.

Description of Expenses:

Date	Vendor/Location	Description of Expense	Amount
<b>TOTAL</b>			

REQUIRED Supplemental Documentation:

1. *For services:* Contract with outside vendor OR ["Event Contract/Agreement"](#) (available on GMA website)

*For catering:* Itemized invoice (final cost not estimation)

2. Back-up Documentation
  - *Event:* Publicity email OR Flyer
  - *Meeting:* Agenda OR Email
  - *Conferences:* Registration confirmation AND Proof of attendance
  - *Travel:* Original boarding passes

Additional Information: \_\_\_\_\_

\*\*The GMA encourages you to photocopy check request form and supplemental documentation before submission.