

NEEDLEWORK GUILD OF MINNESOTA
REQUEST FOR CHECK

DATE _____
REQUESTED BY _____
ACCOUNT _____

Check # _____
Date Paid _____
Amount _____
Office Use Only

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)**

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, Phone Number including
Area Code are required by the IRS)