

**Washington Park/Rochelle Alumni Association, Inc.**

**CHECK REQUISITION FORM**

**(Submit forms 7 days prior to date needed)**

**Requested by:** \_\_\_\_\_

**Committee/Event** \_\_\_\_\_

**Date of Request:** \_\_\_\_\_ **Date Needed** \_\_\_\_\_

**Amount of Request** \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_

**Purpose of Request :**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Submitted By:** \_\_\_\_\_ **Chairman**

**Finance Representative Signature:** \_\_\_\_\_

**Date** \_\_\_\_\_