

CWC Check Request

Caring With Commitment

EMAIL TO CWC
TREASURER
treasurer@c-w-c.org
after approval

Date Needed

Date Approved

Budget Item

Approved by

Requested by

Requestor email

PAYABLE TO

Street

City, ST Zip



c-w-c.org

VENDOR	DESCRIP (incl quantities)	\$ AMOUNT (0.00)

TOTAL

Attach supporting documentation. Scanned images are acceptable if submitting request by email. Otherwise, paper documentation must be submitted to receive check.

Sales tax will not be reimbursed.

This form must be approved by the appropriate CWC Vice President.

Email approvals are acceptable.