



# CHECK REQUEST FORM

*Please submit form to:* **David G. Hill, Treasurer**  
**20140 E Maplewood Ln**  
**Centennial CO 80016-1279**  
**Telephone: 303-766-5630**  
**E-mail: david.hill@igra.com**

Requested By:	Date:
Make Check Payable To:	Phone:
Vendor Address:	
Vendor City, State, Zip:	
Mail Check to Vendor?: Yes / No	
If No, Mail To:	
Signature of Requester:	

Description of Item Purchased	Amount
Total To Be Paid	

Budget Line Item	Amount
Total Distribution	

**Mail completed check requests to the address above.**

**Requests for reimbursement must be accompanied by original receipts.  
 Requests for payment must be accompanied by original invoices. All  
 requests must indicate the budget line item to be charged.**

<b>For Office Use Only</b>
<b>Check Date</b>
<b>Check Number</b>