

SCASC CHECK REQUEST MOTION

DATE: _____

NAME OF PERSON REQUESTING FUNDS:

MEETING OR SUB-COMMITTEE:

NAME TO BE WRITTEN ON CHECK:

PURPOSE OF CHECK REQUEST:

ADMIN USE ONLY:

THOSE IN FAVOR: _____ **THOSE OPPOSED:** _____ **ABSTENTIONS:** _____

PASSED _____ **FAILED** _____ **REFER TO POLICY** _____

FINANCIL IMPACT:

CHECK NUMBER:

ATTACHEMENTS RECEIVED: