

PARKVILLE RECREATION COUNCIL

8601 HARFORD ROAD
PARKVILLE, MD 21234
410-887-5300

PROGRAM FUND CHECK REQUEST FORM

****All check requests to be processed must be received by 3pm each Friday in order to be processed.
REQUESTS RECEIVED AFTER THIS TIME WILL NOT BE PROCESSED UNTIL THE FOLLOWING WEEK.

Date: 5/9/2024

PROGRAM ACTIVITY: _____

SUBMITTED BY: _____

PAYABLE TO: _____

AMOUNT: \$ -

INVOICE NO#: _____

MAIL CHECK TO: _____

(NAME)

(ADDRESS)

(CITY)

(STATE)

(ZIPCODE)

CHECK ROUTING:

<input checked="" type="checkbox"/>	Mail to Payee as Indicated	Date Mailed	_____
<input type="checkbox"/>	Hold at Recreation Office for Pick up	Date Picked Up	_____
<input type="checkbox"/>	Mail to Program Representative	Date Mailed	_____

DO YOU NEED COPIES OF THIS CHECK REQUEST AND RECEIPTS MAILED TO YOU? YES _____ NO

PURPOSE OF CHECK

*** NOTE: Invoice, receipts, and registration forms for refunds must be attached to check request.

*** If you need a check to purchase items, you must submit an itemization of what type of purchases, estimated cost to check request, type of event and date of event. YOU HAVE 10 DAYS FROM THE DATE OF THE EVENT TO SUBMIT RECEIPTS FOR THIS EXPENDITURE!!!!!!

Equipment/Supplies:

Costumes \$ -

Refunds: \$ -

Fund Raising Expenses: \$ -

Official Expenses: \$ -

Tournament Expenses:

Administrative Expenses: \$ -

Misc Expenses (Describe): _____ Expense: \$ -

* Only designated program representatives can submit a check request - REQUEST MUST BE SIGNED FOR PROCESSING.

Phone: _____

Printed name and Signature of Program Chairperson/Treasurer

First Signature of Executive Board Member

Second Signature of Executive Board Member

FOR COUNCIL TREASURE'S/BOOKKEEPER'S USAGE ONLY

Date Paid:	_____	Check Number:	_____
Bill Received:	YES: _____ NO: _____	Charged to:	_____
Budget Funds:	YES: _____ NO: _____	Balance forward after transaction:	\$ _____
(If no, program must submit amendment to its current budget)			