

APARE Check Request

Date Submitted: \_\_\_\_\_

Check Amount: \$ \_\_\_\_\_

Payable to: \_\_\_\_\_

Mailing Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Printed name)

Contact information: \_\_\_\_\_  
(Provide phone number or email address in the event there are questions)

Signature: \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Printed name)

Contact information: \_\_\_\_\_  
(Provide phone number or email address in the event there are questions)

Signature: \_\_\_\_\_

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Effective October 20, 2009

Please use this check request form when requesting funds from APARE. When asking for expense reimbursements, please include receipts.

A Check Request requires two signatures. Any APARE member may submit a request. The check request is to be approved by any APARE member when acting as the event chair or any of the current year members of the APARE Leadership or Executive Teams.

Send requests to the current year APARE Treasurer found on the website: [www.aparearchindy.com](http://www.aparearchindy.com).

APARE Office Use Only:

Date Check Request Received \_\_\_\_\_ Date Mailed \_\_\_\_\_ Check # \_\_\_\_\_