



North Star Gay Rodeo Association Check Request Form



Pay to: _____

Amount: _____

Check Number: _____

Account Name: _____

Date of Request: _____

Check Needed By: _____

Date BOD approved: _____

Date Check Cut: _____

Notes: _____

Approval: (must be signed by 3 members of the Board of Directors, 2 of which are not signers on the bank account) :

Executive Treasurer Signature

Date

Board of Directors Signature

Date

Board of Directors Signature

Date