



Wilmington Ski Club

CHECK REQUISITION FORM

Date Of Request:

Payee:

Address:

Phone:

Reason For Check:

Activity:

Date Of Activity:

Amount of Check:

Due Date:

Requested By:

Address:

Phone:

Email Address:

Mail To:

Payee X or Activity Leader

FOR USE BY TREASURER ONLY

Check Number(s):

Date Paid:

Charge To:

NOTE: CHECKS FOR More than \$500 MUST HAVE TWO WSC SIGNATURES.
KEEP THIS IN MIND WHEN REQUESTING A CHECK AND ALLOW
TIME FOR PROCESSING.