

NORTH DAKOTA READING ASSOCIATION Check Request

Check Payee: _____

Payee Address: _____

Date Submitted: _____

By Member: _____

Expense Summary

Date	Description	Purpose	Amount

Please attach all receipts to this form.

Total for this check \$0.00

Treasurer Use:

Approved by: _____
Paid: _____
Check # _____
Amount: _____