The Robin Hoods of VDS, Inc.

Check Request and Disbursement Authorization Form

Name: _____

Address: _____

Phone or Email: _____

Drive / Program / Event: DROP DOWN LIST

Justification for Request

Request Date	Recipient - Make check Payable To:	Check Request Amount

I certify that this request is made on behalf of The Robin Hoods of VDS, Inc. for organizational purposes.

I understand my typed name below constitutes my legal signature.

Signature _____ Date _____ Email form to: JIM@MistyMor.com

TREASURER USE ONLY Date Received _____

Additional Info Required: _____

OFFICERS APPROVAL (other than requestor)

☐ Approved Name: _____ Officer's Title _____ _____

☐ Approved Name: _____ Officer's Title _____ _____

☐ Approved Name: _____ Officer's Title Treasurer _____

Date Paid: _____ Amount Approved: $ _____ Ck # _____