



Davis Grad Night Check Request Form

Check Requested By _____ Date _____

Phone Number _____ Email _____

Committee: Business Administration Activities Decorations

Subcommittee: _____

Check Payable To _____ Date Needed _____

Payee Address _____

Summary of Expenses:

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total (Amount of Check) \$ _____	

Signatures: Committee Chair _____

Grad Night Chair _____

Please complete the information above and obtain Committee Chair's signature.

Then mail this form along with any receipts, bills or invoices to:

***Davis Grad Night
PO Box 2143
Davis, CA 95617***

TREASURER'S USE ONLY

Date Paid _____ Check Number _____

Budget Category _____ Amount _____