

**ORANGE COUNTY IFMA**  
2271 N. Batavia St.  
Orange, CA 92865  
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[ifma-oc@ifmaoc.org](mailto:ifma-oc@ifmaoc.org)

**CHECK REQUEST FORM**

Date: \_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Item or Service Description	Amount	Expense Code – Event Code
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>TOTAL CHECK AMOUNT</b>		_____

Committee Name: \_\_\_\_\_

Is this expense on the budget for this committee?     Yes     No

Committee Chair Signature \_\_\_\_\_

*Signature is required prior to submission to the association office for processing.*

Treasurer Signature \_\_\_\_\_

Check Number \_\_\_\_\_      Date \_\_\_\_\_

**\*\*If check request is for services and amount is over \$600, a W-9 form must accompany this request.**