

# Check Request

Brea Olinda Teachers Association  
Tamara O'Rourke, Treasurer  
749 S. Brea Blvd.  
Brea, CA, 92821  
(714) 256-9900

Date of request: \_\_\_\_\_

Name of member requesting issuance of check: \_\_\_\_\_

Check to be paid to the order of: \_\_\_\_\_

Address \_\_\_\_\_

This check is requested to cover the following expense(s):

1. \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. \_\_\_\_\_ Amount \$ \_\_\_\_\_

3. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Amount of check requested: \$ \_\_\_\_\_

Signature of member \_\_\_\_\_

Please attach receipt(s) to the back of this form.

**Please do not write below this line.**

Authorization: Budget \_\_\_\_ Executive Board \_\_\_\_ Rep. Council \_\_\_\_

Check issued on: Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check # \_\_\_\_\_ Budget Category \_\_\_\_\_

\_\_\_\_\_  
President Signature

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