

CROSSROADS OF AMERICA COUNCIL, BSA

PLEASE DRAW CHECK PAYABLE TO: _____

MAIL CHECK TO THE FOLLOWING ADDRESS:

LINE #1: _____

CITY: _____

STATE: _____ ZIP: _____

****PLEASE INCLUDE ATTACHED DOCUMENTS WITH CHECK TO PAYEE**

****OTHER INSTRUCTIONS**

0 DO NOT MAIL THIS CHECK – RETURN IT TO: _____
AT EXTENSION # _____

CHECK REQUEST FOR THE PURPOSE OF:

(Check appropriate circle or circles as the case may be)

0 CASH FOR EXPENSES OR TO PAY A BILL

PLEASE GIVE BRIEF DESCRIPTION _____

CHECK AMOUNT \$ _____

CHARGE TO ACCOUNT # --- , _____ , _____ , _____	<input type="radio"/> ALL <input type="radio"/> PARTIAL \$ _____
# --- , _____ , _____ , _____	<input type="radio"/> ALL <input type="radio"/> PARTIAL \$ _____
# --- , _____ , _____ , _____	<input type="radio"/> ALL <input type="radio"/> PARTIAL \$ _____
# --- , _____ , _____ , _____	<input type="radio"/> ALL <input type="radio"/> PARTIAL \$ _____

0 REIMBURSEMENT FOR EXPENSES THAT HAVE ALREADY BEEN PAID FOR BY AN INDIVIDUAL

PLEASE GIVE BRIEF DESCRIPTION _____

CHECK AMOUNT \$ _____

CHARGE TO ACCOUNT # --- , _____ , _____ , _____	<input type="radio"/> ALL <input type="radio"/> PARTIAL \$ _____
# --- , _____ , _____ , _____	<input type="radio"/> ALL <input type="radio"/> PARTIAL \$ _____
# --- , _____ , _____ , _____	<input type="radio"/> ALL <input type="radio"/> PARTIAL \$ _____
# --- , _____ , _____ , _____	<input type="radio"/> ALL <input type="radio"/> PARTIAL \$ _____

0 REFUND -- COPY OF RECEIPT ATTACHED

REQUESTED BY _____

APPROVED BY _____

AT EXTENSION # _____

DATE REQUEST APPROVED _____

..... ACCOUNTING

DEPARTMENT USE ONLY

DATE RECEIVED _____

DATE PROCESSED _____

DATE PAID _____

☐ COPIES OF ALL ASSOCIATED DOCUMENTS FILED