

**CYPRESS CREEK QUILT GUILD, INC.  
CHECK REQUEST**

**Date** \_\_\_\_\_

**Requested by** \_\_\_\_\_

**To** \_\_\_\_\_ **Amount** \_\_\_\_\_

**For** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Approved by** \_\_\_\_\_

**Date paid** \_\_\_\_\_ **check #** \_\_\_\_\_

**\*Checks exceeding \$25.00 must be approved by a member of the Board**

**\*\*For reimbursement, a receipt for amount of the purchase is required**