

### Check Request Form

Make check payable to: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Type or print name)

Mailing Address: \_\_\_\_\_, \_\_\_\_\_ Phone: \_\_\_\_\_  
(Street) (City, State, Zip)

Committee	Item	Activity and Date	Amount

Requested by: \_\_\_\_\_ Approved by: \_\_\_\_\_ Total \$ \_\_\_\_\_  
(Type or print name) Signature Committee Chair  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date Date

Submit form to Chicago ACS by mail to 1400 Renaissance Dr. Suite 312, Park Ridge, IL 60068 or fax to 1-847-391-9091

Note: All check requests must be signed by the person submitting the request and the committee chair authorizing the expenditures.

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