

**BUCKEYE UNITED FLY FISHERS**

**CHECK REQUEST FORM**

DATE: \_\_\_\_\_

This is to request a check in the amount of \$ \_\_\_\_\_ be made payable  
to \_\_\_\_\_

The following accounts are to be charged as indicated:

Account Number	Amount	Description of Expense
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Requestor Name: \_\_\_\_\_

Signature of Budget Owner: \_\_\_\_\_  
(Note: Receipts must be submitted at the next meeting)

For Treasurer Use:

Check No. \_\_\_\_\_ Date Paid: \_\_\_\_\_

Present this form and receipt to the BUFF treasurer,  
or mail to: P.O. Box 42614, Cincinnati Ohio 45242