

**PALM BEACH DIOCESAN COUNCIL OF CATHOLIC WOMEN
TREASURER ACTION REQUEST**

T.A.R. # _____
CHECK: _____
DATE: _____

DEPOSIT REQUEST: *(Itemize each check or attach itemization)*

Type of Deposit: Check(s) _____ Cash _____ Total Deposit Amount _____

Monies Received From: _____

CHECK REQUEST: *(Attach backup)*

Check payable to: _____ Amount of Check: _____

Expense Allocation: _____

Submit check to: _____

Mail check to: _____

REIMBURSEMENT REQUEST: *(Attach receipt)*

Check payable to: _____ Amount of Check: _____

Expense Allocation: _____

Submit check to: _____

Mail check to: _____

CREDIT CARD RECEIPTS ATTACHED: Total of Receipts: _____

Expense Allocation: (donations, convention registration, etc.) _____

PRINT NAME: _____ **SIGNATURE:** _____

DATE OF REQUEST: _____

REQUEST APPROVED BY:

PRESIDENT: _____

DATE: _____

TREASURER: _____

DATE: _____