

**W. M. DAVIS FOUNDATION  
REQUEST FOR CHECK**

Date of Request: \_\_\_\_\_

Person Requesting Check: \_\_\_\_\_

Make Check Payable To: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Purpose:

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

Signature of Requestor: \_\_\_\_\_

To pick up your check, please fill out the following information and you will be notified when it is ready.

E-mail address: \_\_\_\_\_

Phone number: \_\_\_\_\_

President Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Check Issued: Yes \_\_\_\_\_ No \_\_\_\_\_ Check #: \_\_\_\_\_

Date of Check: \_\_\_\_\_ Amount: \_\_\_\_\_

Controller signature: \_\_\_\_\_