



## Check Request Form

Vendor	Program (Choose from box below)	Type of Expense	Amount
		<b>Total</b>	

Your Name – Payee

Date

I certify that all purchases made with these funds are for the sole use of FAME programs and activities.

Signature \_\_\_\_\_

**Programs:**

- ★ Festival, Fort Wayne
- ★ Festival, Merrillville
- ★ Festival, Wabash
- ★ Sales
- ★ Office Supplies (consumable)
- ★ Office Expenses (non consumable)
- ★ Rave Reviews
- ★ Culture Kits/Resource Library
- ★ Fusion
- ★ Visiting Artist
- ★ Composition Project
- ★ Camp

All check requests must have attached:

- Receipts, or
- Completed purchase order form

*Checks will not be issued without these filled out completely.*