

Date Paid

Check #

Delivered

CAPE COD SAIL AND POWER SQUADRON, INC.

CHECK REQUEST

REQUESTED BY: _____

TELEPHONE: _____

DATE NEEDED BY: _____

MAKE CHECK PAYABLE TO: _____

Address: _____

City, State Zip Code: _____

CCSPS Department: _____

Activity: _____

Description: _____

Submission Date

Signature

DATE OF APPROVAL BY EXECUTIVE COMMITTEE (if not budgeted): _____

[Submit to treasurer with supporting documentation, if available.]