

 **RALEIGH JAYCEES**
Community Impact Fund
Check Request

Project:

- Goodfellows HOBY
 Other _____
Project Name/Description Date(s)

Benefiting Charity (if other than GF or HOBY):

(Duke Cancer Center, general CIF fund, etc.)

\$ _____
Amount Request Budget Account (if known)

Reason for Reimbursement/Check:

(e.g. - reimburse for supplies; deposit needed for facility; payment of invoice from vendor, etc.)

Payable to: _____

Address: _____

Special Instructions: _____

Approvals:

Chairperson Signature Date(s)

Director Signature Date(s)

Vice President Signature Date(s)

President Signature (if required) Date(s)

Treasurer Use:

Check Number Check Date Initials

Mailed to _____ Delivered to _____
Date _____ Date _____