

Check Request Form
UGA PRSSA

Name _____

Date ___ / ___ / ___

Vendor	Description of Purchase	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

Please attach original receipts from purchases to the back of this sheet and return to Dave Adams, PRSSA Treasurer, before or after Wednesday chapter meetings.*

**Requests submitted without original receipts will not be processed.*