Check Request Form

EarthSave ®
PO Box 96
New York, NY 10108
TEL: (800) 362-3648/(718) 459-7503
FAX: (718) 228-2491

For the Month of:	
ES Chapter:	
Requested by:	
Approved by:	

Chapter Treasurer or Chair approves check requests.

Date:	
Phone:	
Amount Requested:	

Check Payable To:

Mail Check to:

Please provide total for each category
Overall total must equal total of all receipts

Category	Description	Total Amount
Total amount for reimbursement		

NOTES:

1. All check requests MUST be accompanied by RECEIPTS.
2. Keep a copy of the completed form for your records.
3. Please allow 1-2 weeks for remittance.
4. Send completed form with receipts to:
   EarthSave International, PO Box 96, New York, NY 10108