



Florida Federation of Chapters  
National Active and Retired Federal Employees

## Check Request Form

Date: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested By: \_\_\_\_\_

In Payment of: \_\_\_\_\_  
\_\_\_\_\_

Account Code: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Paid On: \_\_\_\_\_

Check #: \_\_\_\_\_

\*\*Please include receipts, invoices or statements, if possible