



**NARFE Florida, Inc.**  
National Active and Retired  
Federal Employees

## Check Request Form

(PLEASE PRINT OR TYPE)

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

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

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

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

For Payment of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**(Must attach receipts, invoices or statements)**

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

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

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

### **TREASURER INFORMATION ONLY:**

Account: NARFE Florida Inc. \_\_\_\_\_ State Convention \_\_\_\_\_