

SAN DIEGO IMPERIAL AREA INSTITUTIONAL COMMITTEE

CHECK REQUEST FORM

1) Your name: _____ Date: _____

2) Check off the service involved or describe under "Other":

Elected Officers:

- _____ Director
- _____ Co-Director
- _____ Treatment Committee Chair
- _____ Corrections Committee Chair
- _____ Treasurer or Alternate Treasurer

Appointed Officers:

- _____ Secretary or Alternate Secretary
- _____ Librarian or Alternate Librarian
- _____ Policy & Guidelines Chair
- _____ Southern CA Intergroup Representative

Other:

3) Itemize expenses below and attach receipts or documentation:

- a) _____ \$ _____
- b) _____ \$ _____
- c) _____ \$ _____
- d) _____ \$ _____
- e) _____ \$ _____
- f) _____ \$ _____
- g) _____ \$ _____

Total \$ _____

4) Please make check payable to: _____

In the amount of \$ _____

I will pick up the check Yes___ No___

Mail the check to: Name: _____
Address: _____
Address: _____
City, State, Zip: _____