

MUIRFINS SWIM TEAM CHECK REQUEST FORM

To: Kelly Weigle, Treasurer
5632 Preswick Dr.
734-0481 dkweigle@sbcglobal.net

Date: _____

From: _____

Phone: _____

Committee/Event: _____

ITEM DESCRIPTION (ATTACH ALL RECEIPTS)

Amount

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Total \$ _____

Please make check payable to: _____

Check # _____

Date Paid: _____