

**THE EMBROIDER'S GUILD OF AMERICA, INC.
MARIN GOLDEN THREADS CHAPTER, EGA
REQUEST FOR CHECK**

Date _____ Amount \$ _____

Requested by: _____

Office or Committee _____

Please pay to:

Name: _____

Address: _____

Address: _____

Phone: _____

Brief Explanation of why check is needed:

.....
For Treasurer's Use

Approved by (President or Treasurer) _____

Paid Check # _____ Date _____ Total \$ _____

Accounts or Categories _____ Amount \$ _____

_____ Amount \$ _____

_____ Amount \$ _____