

Council Trading Post Unit Account Check Request Form

- Receipts and/or supporting documents must be attached to this form.
- Requester & Secondary Unit Approver must **BOTH** be listed on Unit Account Authorization Card.
- Requester & Secondary Unit Approver **CANNOT** have the same last name or live at the same location.

Date: _____

Chartered Organization: _____

Pack #: _____ Troop#: _____ Crew#: _____ Ship#: _____ Post#: _____

Requested Check Amount: \$ _____

Make Check Payable to: _____ Phone: _____

Address: _____

City: _____ ST: _____ Zip: _____

Reason for Request: _____

Call Requester for Pickup in Council Trading Post Mail Check to Payee

Requested by: _____ Phone: _____

Requester Signature: _____

Secondary Unit Approval Name: _____ Phone: _____

Secondary Unit Approval Signature: _____

↓ ↓ OFFICE USE ONLY - REQUEST VERIFICATION & APPROVAL ↓ ↓

VERIFIED BY INITIAL

_____ Current Funds in Council Trading Post Unit Account: \$ _____

_____ Receipts and/or Supporting documents attached & verified.

_____ Requester & Secondary Unit Approver Names Verified on Unit Account Authorization Card.

District Executive/Field Director Approval: _____ Date: _____

Director of Field Service Approval: _____ Date: _____

_____ Customer Service Desk Charges Amount of Check to In/Out Transfers = 61049

- In remarks on receipt put "Check Request for *name of recipient*".
- Staple copy of receipt to this form and give to Controller.

Date Ready for Pickup: _____ **Date Mailed:** _____