

Association for India's Development (AID)
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CHECK REQUEST FORM

DATE: _____

TO: _____ (specify Treasurer or Projects Coordinator)

FROM: _____

(Name of the person and in what capacity – e.g. project coordinator, secretary, etc or volunteer)

EMAIL & PHONE: _____

LOCATION OF CHAPTER: _____

PROGRAM NAME: _____

(eg. Health care project, Swanirvar, West Bengal)

CHECK AMOUNT: \$ _____

CHECK PAYABLE TO: _____

*(Name on the check; note that this is **not** the name of the Bank)*

_____ *(Address to which check is to be mailed to)*

DESCRIPTION: *(Please describe clearly the purpose: e.g. salary of 2 teachers etc)*

HOW/WHEN FUNDS WERE APPROVED: _____

(eg: CSH, Baltimore, Sunday, October 5th, 2002)

Please attach copy of CSH minutes

SPECIAL INSTRUCTIONS: *(e.g. mail to AID volunteer going to India in Other)*

Mail check to Payee Attachments (if any): _____

Return to Requester

Other _____

CHECK NEEDED BY: _____ *(Date)*

We assure that the project review and approval have been carried out according to the Project Review guidelines of AID and the necessary documents submitted.

_____ *(Signature)*

Title of Office-Bearer

_____ *(Signature)*

Title of Office-Bearer