



# ORANGE HUNT SWIM CLUB, INC. (OHSC)

## Check Request Form

Date Submitted:

Date Check Needed by:

Project Name or Description:

**CHECK MADE PAYABLE TO:**

Company:

Address:

City:

State:

Zip Code:

Invoice Attached:  Yes

No

CHECK AMOUNT \$

**CHECK REQUEST SUBMITTED BY:**

Name:

Address:

City:

State:

Zip Code:

Home Phone:

Alternate Phone:

**DELIVERY METHOD:**  Mail reimbursement to address above  Phone when reimbursement ready to arrange pick up  Email when reimbursement ready to arrange pick up

Signature:

**OFFICIAL USE ONLY**

Date Request Received:

Date Processed:

Check # Issued:

Account:

**Submit Forms to:**

Orange Hunt Swim Club, Inc.  
P.O. BOX 2012  
Springfield, VA 22152  
Attn: Treasurer

**Or Email to:**

treasurer@orangehuntswimclub.org