



The Council of Neighborhood Associations of South Pinellas County

P. O. Box 13693, St. Petersburg, Florida 33773

Check Request

Check payable to: _____

Mail to: _____, St. Petersburg, FL _____

Description:

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

Total amount of check \$ _____

Charge to: _____ CONA General Account _____ CONA Leadership

Requested by: _____ Signature: _____

Authorized By: _____ Signature: _____

Title: President, First VP, Audit Chair, Executive Board Minutes (circle one)

Notes or Comments: _____

*****Attach original receipts and additional supporting data for reimbursement;
no checks will be issued without proper documentation.*****

Hand deliver or mail check requests with authorized signature and receipts to: April Gayle Gausman, PO Box 7103, St. Petersburg, FL 33734 ... or CONA, PO Box. Persons authorizing payment must be someone other than the person requesting the funds

To be completed by Treasurer or authorized Line Officer issuing the check

Date Paid _____ Check Number _____ Name: _____ Initials _____

April Gayle Gausman, CONA Treasurer 821-0172 April@RealEstateByApril.com