

**SAVE OUR KIDS' MUSIC  
CHECK REQUEST**

Name _____	Date _____
Phone _____	Email _____

Please issue a check Payable To \_\_\_\_\_ For \$ \_\_\_\_\_ -

**Please attach original receipt(s) or invoice(s).**

Item Description	Program to Be Charged	Amount
1.		\$ -
2.		\$ -
3.		\$ -
4.		\$ -
5.		\$ -
6.		\$ -
<b>CHECK TOTAL</b>		<b>\$ -</b>

**Please Deliver Check As Follows**

Mail in the attached vendor envelope

Mail to the following address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**Please mail the Check Request Form with original receipt(s)/invoice(s) to:**  
 SOKM  
 P.O. Box 2244  
 Camarillo, CA 93011-2244

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Check Approved By \_\_\_\_\_ Date \_\_\_\_\_

Check Date \_\_\_\_\_ Check Number \_\_\_\_\_ Check Amount \$ \_\_\_\_\_

Dropbox Date \_\_\_\_\_ QBO Date \_\_\_\_\_ Bank Clear Date \_\_\_\_\_