

**EASTERN ILLINOIS UNIVERSITY
HALL COUNCIL CHECK REQUEST**

TO BE COMPLETED BY THE INDIVIDUAL REQUESTING FUNDS:

Person Requesting: _____ Request Date: _____

Pay to the Order Of: _____

Reason for Request: _____

Amount of Check: _____

TO BE COMPLETED BY THE HALL COUNCIL TREASURER/ADVISOR:

Check Number: _____ Date Approved (In Minutes): _____

Budget Line: _____ Date Cut: _____

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