



# National MPS Society 2013 Walk/Run

## Check Request Form

Check Request # \_\_\_\_\_  
Date Submitted: \_\_\_\_\_

Race Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Telephone #: \_\_\_\_\_  
Email: \_\_\_\_\_

Amount of Check Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Payee: \_\_\_\_\_

If check is to be sent directly to payee, please indicate address:

\_\_\_\_\_  
\_\_\_\_\_

Please send invoice with check request. ***If the invoice is not available, the receipt for payment must be sent with your final recap form.*** Remember to record the amount of expense on your final recap form and note how payment was made. Please allow at least 2 weeks for payment to be made. Call Terri Klein at 919.806.0101 with questions.

**Send check requests to:**  
**National MPS Society**  
**PO Box 14686**  
**Durham, NC 27709-4686**  
**or fax to: 919.806.2055**