



The Arc - Mid-Columbia
Request for Check for SNF

Check in amount of \$ _____ payable to (Event, store or other vendor:)

Vendor contact information including mailing address, telephone, email and website

Name of SNF applicant: _____

Application Approved by: _____

Notes: Delivery Plan, to whom, etc:

Date Request for Check: _____

Request for Check made by: _____

(Signature of SNF volunteer)

For office use

Check Date and check # : _____

Treasurer Signature: _____