



**ALPHA PHI ALPHA FRATERNITY, INCORPORATED
EPSILON LAMBDA CHAPTER
CHECK REQUEST FORM**



Check Request Date	Check Remittance By Date	Amount of Request (\$)
Amount of Request (in text format)		
Name of Payee	Payee Email Address (if applicable)	
	Payee Phone Number (if applicable)	
Address of Payee (if applicable)		Payment Method
		Check <input type="checkbox"/>
		PayPal™ <input type="checkbox"/>
		Zelle™ <input type="checkbox"/>
City	State	Zip Code
Message to Appear on Check / PayPal™ / Zelle™ Note		
Reason for Check Request		
Name of Requester	Signature	

Treasurer Signature	President/VP Signature

For Officer Record:			
Check No.		Date Remitted:	
E-pay Conf. No.			