

**Roanoke Regional Chamber of Commerce**  
**Leadership Roanoke Valley Program**  
**Check Request Form**

Date of request: \_\_\_\_\_

Check needed by: \_\_\_\_\_

*The Chamber check request deadlines are the 10th and 25th of each month.*

*Plan five (5) business days to receive the check after the check request deadline.*

Check amount: \$ \_\_\_\_\_

Make check payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_  
(Re-imbusement checks will only be mailed to home addresses.)

Purpose of check: \_\_\_\_\_

\_\_\_\_\_

Select the Program to be charged:

- |   |  |
|---|--|
| <input type="checkbox"/> Opening Breakfast      | <input type="checkbox"/> Education             |
| <input type="checkbox"/> Retreat                | <input type="checkbox"/> Regionalism           |
| <input type="checkbox"/> Leadership Program     | <input type="checkbox"/> Economic Development  |
| <input type="checkbox"/> Networking Program     | <input type="checkbox"/> Environmental         |
| <input type="checkbox"/> General Assembly Visit | <input type="checkbox"/> Community Involvement |
| <input type="checkbox"/> Graduation             |  |

Submitted by: \_\_\_\_\_

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For Chamber Use Only

Approved by: \_\_\_\_\_

Budget No.: \_\_\_\_\_

Vendor No.: \_\_\_\_\_

Voucher No.: \_\_\_\_\_