



## District Check Request

Mail To: Ute Conference, Inc.  
PO Box 651052  
Salt Lake City, Utah 84165  
801-904-3271 Fax: 385-474-6185  
Email: uteporequest@gmail.com

**All invoices, bids or receipts must be attached to this request to issue checks.**

Date: \_\_\_\_\_

District: # \_\_\_\_\_

District Name: \_\_\_\_\_

Amount: \_\_\_\_\_

Please Print Legibly

Check Payable To:

Name: \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Approved By:

Print Name \_\_\_\_\_

Signature: \_\_\_\_\_

District Position: \_\_\_\_\_

Reason For Check Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accounting \_\_\_\_\_

Check Date: \_\_\_\_\_

District checking accounts are to be used for concessions and emergency game day situations only.

All other checks to be issued by Ute Conference Accounting Dept. NO checks outside of concessions to be issued by district over \$300.00. Checks will be cut within 2 business days of request and then sent to out for signatures.