



***Special  
Olympics  
West Virginia***

**CHECK REQUEST**

*{Submit to the Special Olympics WV office at least 10 days prior to need}*

County Program: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

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

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

Requested By: \_\_\_\_\_

Explanation:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Invoice(s) and/or Receipt(s) Included (checks will not be disbursed without a proper invoice and/or receipt): \_\_\_\_\_ (Yes/No)

\_\_\_\_\_  
Signature of County Representative