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Registered Charity No.1168528

CHEQUE REQUISITION FORM

Please complete in full and return to FOT

Requesting Individual/Organisation:

Name: _____ Date: _____

Please issue the sum of:

Amount in figures: _____

Amount in words: _____

Cheque/Cash (delete as appropriate)

Payable to: _____

Address: _____

In respect of: _____

Cheque number (if applicable): _____

Documents attached: YES / NO (delete as appropriate/list documents below)

OFFICE USE

Authorisation 1:

Name: _____ Date: _____

Signed: _____

Authorisation 2:

Name: _____ Date: _____

Signed: _____