



BACK TO THE BRICKS®

CHECK VOUCHER FORM

Date: _____

Payable to: _____
Name

Number Street

City State Zip

Amount: \$ _____

Description: _____

Request by: _____

Approved by: _____

Approved by: _____

Office Use Only

Check Issued: _____

Check Number: _____

Account: _____

*Please mail completed form to address listed below.
Checks cannot be issued without a check voucher authorization.*

**Mary Wood
7377 New Hampshire Dr.
Davison, MI 48423
Ph. 810-429-2716**