

**SPECIAL OLYMPICS MANITOBA
Regional Check Voucher**

Issued Cheque To (Name): _____

Amount Of Cheque: _____

Nature (Complete Details): _____

Return To: _____

Or Mail/Deliver To: _____

This form must be approved by the Regional Coordinator before any cheque will be issued.

Approved by:

Regional Coordinator(s)

Date

Ledger Distribution

Cheque Number: _____ Date: _____

Account	Amount