



Vendor Check Request

Region _____ Agency _____

Invoices Attached? _____ Due Date _____

Event name & date (if applicable): _____

Make check out to (payee): _____

Address to mail check to (checks should be mailed directly to vendor unless they require payment at the actual event):

Type of Expense:	Amount:
_____	_____

Printed name of volunteer submitting the expense: _____

Contact phone number or email: _____

I hereby certify that the expenses herein requested are true and exact, and are necessary and reasonable to conduct Law Enforcement Torch Run business. I further certify that these expenses are not being submitted for payment to any other organization, agency or government entity.

Signature of volunteer submitting the expense: _____ Date _____

Printed name of key volunteer authorized to approve expenses: _____

Signature of key volunteer authorized to approve expenses: _____

The Torch Run Executive Council requires a SOVA staff signature on all requests over \$1,000. _____
SOVA Staff

This form must be completed and mailed with invoices or other support to HHJ (the accounting firm that tracks LETR fundraising) to be paid. Mail to Torch Run @ HHJ: 300 Arboretum Place, Suite 660 Richmond, VA 23236. Feel free to contact HHJ with your questions at any time: (804) 560-0560 or torchrun@hhjcpa.com.