



Event Checks On Hand Report

Region _____ Agency _____

Event name & date: _____

Check Number:	Date Written:	Written to:	Amount:	Type of Expense:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Printed name of key volunteer who received check stock: _____

Contact phone number or email: _____

I hereby certify that the expenses herein reported are true and exact, and were 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 _____

This form must be completed after a LETR event for which blank checks were requested by a key volunteer. Attach a receipt or other documentation for each check written, and return any unused checks and this form to Torch Run @HHJ: 300 Arboretum Place, Suite 660 Richmond, VA 23236.