



**2024 WCR Lake Pointe
Check Request Form**

Name: _____ **Office:** _____

Purpose: _____ **Committee:** _____

Date: _____

Address to mail check: _____

<u>Explanation / Detail of Expense</u>	<u>Amount:</u>

Total to be Reimbursed _____

Please submit form with receipts to:

Christina Maciejewski, Lake Pointe Treasurer
17901 Hall Rd
Macomb Twp, MI 48044
ccmac@simplehl.com

For Internal Purposes:

Date Paid: _____ **Check#** _____