LWV Greater Cleveland Check Request Form

Check One: Operating________ Ed Fund________

NOTE: Attach receipts or invoice to this form. Please keep copies for your records.

Date________________ Chapter making request __________________________

Make Check Payable To: (Please print neatly)

Name_______________________________________________________________

Mailing Address________________________________________________________

City________________________ State________ Zip________

Description of Expense Request

________________________________________________________________________

________________________________________________________________________

Total Amount of Check: $______________ Date Due________

Requestor’s Signature_____________________________________________________

Phone#________________________ Email________________________

NOTE: If this is not coming from Chapter Chair or Treasurer, approval by chapter Treasurer or Chair is required.

Approval Signature_____________________________________________________

Please allow 7 days from receipt to process payments. If needed sooner, please call.

Return completed form to:

Janet Kershaw, Treasurer
3548 Brook Court. Avon, OH 44011
440-785-9636

You may scan and email form and receipts to: Treasurerlwvgc@gmail.com

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Office Use Only
Date Request Received ______________ Expense Line ______________

Check number(s) _________________ Date Check(s) issued ______________

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