

Check Request Form

Request Date: _____

Requested by: _____

Issue Check to: _____

Mailing Address: _____

Description of Expenditure:

(Please attach receipts for reimbursement, invoices, order or registration forms, or other descriptive material)

Total Amount: _____

Send to: **Michigan Chapter Treasurer**

treasurer@michigan.sla.org

Treasurer use only

Check no: _____ Date: _____ Quicken category: _____

Tax ID needed? _____