

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:

Meryl Simon, Treasurer
19800 Fairmount Blvd
Shaker Heights, Ohio 44118
216-932-9252

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

Office Use Only

Date Request Received _____ Expense Line _____

Check number(s) _____ Date Check(s) issued _____