



# CHECK REQUEST

REQUEST DATE: \_\_\_\_\_

REQUESTER NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

COMMITTEE: \_\_\_\_\_

PURPOSE OF CHECK:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAY TO THE ORDER OF:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

**\*NOTE: ALL REQUESTS MUST BE ACCOMPANIED BY AN APPROVED INVOICE, EXPENSE REPORT, OR DOCUMENTATION OF EXPENSE.**

APPROVED BY: \_\_\_\_\_

Committee Lead or TLIA Board Member

\_\_\_\_\_

Check written and delivered to requester: \_\_\_\_\_ Check #: \_\_\_\_\_

Treasurer's initials: \_\_\_\_\_