



## 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](mailto:Treasurerlwvgc@gmail.com)

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**Office Use Only**

Date Request Received \_\_\_\_\_                      Expense Line \_\_\_\_\_

Check number(s) \_\_\_\_\_                      Date Check(s) issued \_\_\_\_\_