

**CHECK REQUEST FORM**

**IACL – CHECK REQUEST FORM**

PAYABLE TO: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMMITTEE NAME: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

PROJECT: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

REMARKS : \_\_\_\_\_ (INVOICE ATTACHED) \_\_\_\_\_

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

PAID BY CHECK # \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

1. MAIL CHECK TO ABOVE ADDRESS: YES: \_\_\_\_\_ NO: \_\_\_\_\_

2. RETURN CHECK TO: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_

3. MAIL CHECK IN ENVELOPE PROVIDED: \_\_\_\_\_

CHECK REQUEST FORM  
11/12/2007

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COMMITTEE NAME: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

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**CHECK REQUEST FORM**

**IABC – CHECK REQUEST FORM**

PAYABLE TO: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMMITTEE NAME: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

PROJECT: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

REMARKS : \_\_\_\_\_ (INVOICE ATTACHED) \_\_\_\_\_

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

PAID BY CHECK # \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

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**IABC – CHECK REQUEST FORM**

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COMMITTEE NAME: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

PROJECT: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

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3. MAIL CHECK IN ENVELOPE PROVIDED: \_\_\_\_\_

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**CHECK REQUEST FORM**  
**IACL CHARITABLE FOUNDATION – CHECK REQUEST FORM**

PAYABLE TO: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMMITTEE NAME: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

PROJECT: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

REMARKS : \_\_\_\_\_ (INVOICE ATTACHED) \_\_\_\_\_

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

PAID BY CHECK # \_\_\_\_\_ DATE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

1. MAIL CHECK TO ABOVE ADDRESS: YES: \_\_\_\_\_ NO: \_\_\_\_\_  
2. RETURN CHECK TO: NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
3. MAIL CHECK IN ENVELOPE PROVIDED: \_\_\_\_\_

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**IACL CHARITABLE FOUNDATION – CHECK REQUEST FORM**

PAYABLE TO: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

COMMITTEE NAME: \_\_\_\_\_ DATE NEEDED: \_\_\_\_\_

PROJECT: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

REMARKS : \_\_\_\_\_ (INVOICE ATTACHED) \_\_\_\_\_

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

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