

VOUCHER # _____

AMERICAN LIBRARY ASSOCIATION CHECK REQUEST FORM

CHECK ONE:

- Reimbursement
- Advance
- Freelance
- Refund
- Other

Date: _____

Social Security #: _____

PAYEE NAME: _____

Mail to: _____

STREET ADDRESS: _____

CON'T ADDRESS: _____

CITY _____

STATE _____

ZIP _____

COUNTRY _____

INVOICE # _____

INVOICE DATE: _____

DESC. _____

Distribution of Check: Mail to Vendor _____ NOTIFY _____ NEED CHECK BY _____

Special Instruction _____

| | <u>SUB-FUND</u> | <u>UNIT</u> | <u>LINE ITEM</u> | <u>PROJECT</u> | |
|----|-----------------|-------------|------------------|----------------|--|
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| 4. | | | | | |
| 5. | | | | | |
| 6. | | | | | |

AMOUNT

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Charge to
TOTAL

fiscal Year _____

Requested
Received

By: _____

Approved _____

Received

Accounting by: _____