

American Library Association, New Members' Round Table (NMRT)

Check Request Form

Instructions:

1. Fill out this form completely. All questions must be answered. Please print clearly.
2. You will need to contact the NMRT Treasurer (ccnmrt@yahoo.com) for the correct account number.
3. If you have any questions about completing this form, please contact the NMRT Treasurer.
4. Make two (2) photocopies of both the completed form and any receipts, quotes, or other supporting documents.
5. Mail and file as indicated:

Mail original form and original docs to: Kim Sanders Communications & Marketing American Library Association 50 E. Huron St. Chicago, IL 60611-2729	Mail 1 photocopy of form and docs to: Catherine Collins NMRT Treasurer 6635 McCallum St., Apt. B-807 Philadelphia, PA 19119	Keep 1 photocopy of form and documents for your records.
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Information about the person (You) completing this form (Requestor):

Information about the payment and the person or company receiving check (Payee):

Requestor Name _____

Is this check request for a(n): ___ Advance
 ___ Reimbursement

Are you a: ___ Board Member
 ___ Committee Chair
 ___ Committee Member

Payee Social Security Number (required when payment is made to a person) _____

Committee or Office Name _____

Payee Name _____

Supervising Officer Name _____

Payee Mailing Address:

Justification/Description of Payment:

Street Address _____

City, State, ZIP Code, Country _____

Payee Home Address (required when payment is made to a person):

Street Address _____

City, State, ZIP Code, Country _____

Requestor Signature _____

— **607** — —

Account Number (You must contact the NMRT Treasurer for this.)

Date _____

\$ _____

Check Amount