

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>	<u>AMOUNT</u>
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____

Charge to Fiscal Year \_\_\_\_\_  
TOTAL

\$ -

Requested By: \_\_\_\_\_  
Received & Approved \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_

Received in Accounting by: \_\_\_\_\_

Date: \_\_\_\_\_