

Leadership ARLINGTON

CHECK REQUEST FORM

Please complete this form in its entirety and send it to the Treasurer for payment or reimbursement. Please staple all itemized receipts or invoices to this form. Texas Sales and Use Tax Exemption forms available upon request. **Please note that sales tax will not be reimbursed!**

DATE REQUESTED: _____

DATE NEEDED: _____

MAKE CHECK PAYABLE TO: _____

MAIL CHECK TO: _____
Address City State Zip Code

PHONE NUMBER: (____) _____ - _____

PERSON SUBMITTING REQUEST

(If different from Payee): _____
Name Phone Number

SESSION/COMMITTEE: _____ BOARD/DIRECTOR APPROVAL: _____

| <u>DESCRIPTION</u> | <u>AMOUNT</u> |
|--------------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

TOTAL: _____

CHECK NO. _____

DATE PAID: _____