

L9GA CHECK REQUEST FORM

Person submitting request: \_\_\_\_\_

Email or telephone contact number of person submitting request: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Address where check is to be mailed/tubed: \_\_\_\_\_  
\_\_\_\_\_

Amount of check: \_\_\_\_\_

Reason for check (if for an event, what is the event and date) \_\_\_\_\_

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Date check needed: \_\_\_\_\_

Attach receipts, invoice, or other documentation for expense(s).

Submit request, with attached documentation to

Ella Williamson  
Treasurer, L9GA  
59 Franklin Creek Rd S  
Savannah, GA 31411

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For Treasurer's use only

Date of Check \_\_\_\_\_

Check Number \_\_\_\_\_