

L9GA CHECK REQUEST FORM

Person submitting request : _____

Email or telephone contact for person submitting request _____

Check payable to: _____

Address where check is to be mailed/tubed _____

Amount of check _____

Reason for check (if for an event, identify event and date). Be as specific as possible.

Date check needed _____

Must attach receipts, invoice and other documentation for expense(s)

Submit request with attached documentation to:

Susan Painter, Treasurer, L9GA
15 Oyster Reef Rd
Savannah, GA 31411

For Treasurer's Use Only

Date of Reimbursement Check _____

Check Number _____

Amount of Check _____