

LSC Request for Check Payment

- (1) A BOARD SIGNATURE IS REQUIRED FOR ALL CHECKS NOT REQUESTED BY A BOARD MEMBER
- (2) NO BOARD MEMBER SHALL CO-SIGN CHECKS DIRECTLY RELATED TO HIS/HER TRIPS OR EXPENSES
- (3) REFUNDS REQUIRE BOARD APPROVAL PRIOR TO DISBURSEMENT

To: Treasurer, LSC
Michael Jewell
4031 Springhill Rd
Louisville, KY 40207
Phone: (502) 558-1336
Email: lsc_treas@yahoo.com

Date Submitted: _____

Check #: _____

Date Required: _____

Check Date: _____

EVENTS

Event Name: _____ Start Date: _____ End Date: _____

<u>Description</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
Total Request \$ _____	

NON-EVENT RELATED EXPENSE (check only one category per form)

Purpose: _____

Budget Category:

Club Meeting _____	Postage - Newsletter _____	Supplies - Office _____
Board Meeting _____	Postage - Other _____	Supplies - Marketing _____
Printing - Newsletter _____	P.O. Box Rental _____	Insurance _____
Printing - Directory _____	Dues & Subscriptions _____	Merchandise Sale _____
Printing - Other _____	Special Olympics _____	Professional Services _____

Other Expense Description:

Other Expense _____

Total Request \$ _____

Make check payable to (include address & phone number):

Request details (invoice and account number, etc.):

Delivery instruction (attach envelope if to be mailed):

Requested By: _____ Position: _____

Home Phone: _____ Board Signature: _____