



Check Request/Purchase Order

DLC _____

(1) Recommended by (name) _____ Date: _____
(2) President Approval (name) _____ Date: _____
(3) Secretary/Treasurer Approval (name) _____ Date: _____

CHECK REQUEST

Make check payable to:

_____ Date Paid _____
_____ Check number _____
_____ Expense _____

QUANTITY	DESCRIPTION	PRICE	AMOUNT

PURCHASE ORDER		
DATE:	P.O. #	DELIVERY

TO: _____ SHIP TO: _____

QUANTITY	DESCRIPTION	PRICE	AMOUNT