

# IGBO Check Request

Send completed form to:

L.E. McLemore  
 IGBO Treasurer  
 931 Monroe Dr., #102152  
 Atlanta, GA 30308  
 U. S. A.



**Pay to Name:**

**Address:**

**City:**  **ST/Prov.:**

**Postal Code:**  **Country:**

**Position or Committee in Organization:**

**Reason for expenses:**

Please provide detail of expenses.

	General	Membership	Quilt
Postage			
Telephone			
Printing			
Office Supplies			
Travel			
Donations			
Other* - Detail below			
<b>Totals:</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>

Total all Columns:	Rate	Currency	0.00
Currency Conversion Rate:	<input type="text" value="1.000000"/>	<input type="text" value="US\$"/>	
Amount US Dollars:			\$0.00
Less Advances:			<input type="text" value="0.00"/>
Less Donated Amount: **			<input type="text" value="0.00"/>
<b>Total Amount Requested:</b>			<b>\$ -</b>

\* Detail of Other Expenses:

\*\* - Individual donation to IGBO Inc. in lieu of reimbursement in the name of the individual above.

In accordance with IRS regulations, receipts must accompany all claims

*To the best of my knowledge, all expenses are accurate and documentation has been attached when required. All forms must be signed to receive payment. Request may be sent via e-mail followed by hard copy and attachments in the mail.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Date paid: \_\_\_\_\_ Check #: \_\_\_\_\_ *Office use only*