Your Chapter Here

CHECK REQUEST FORM

**Attention**: Kathleen Brady, Kathleen.Brady@erg.com

cc: info@i2sl.org

Please provide the following information:

|  |  |
| --- | --- |
| **DATE OF REQUEST:** | **{MM/DD/YYYY}** |
| **NAME OF REQUESTER:** | **{First and Last Name}** |
| **PHONE NUMBER:**  | **{XXX-XXX-XXXX}** |
| **EMAIL ADDRESS:** | **{Your Email}** |
| **COMMITTEE CHAIR:** | **{e.g. Secretary, Treasurer}** |
| **PURPOSE OF CHECK:** | **{Chapter event, travel, etc.}** |
| **NAME (PAYEE) ON CHECK:** | **{First and Last Name}** |
| **WHERE TO SEND CHECK:** | **{Address}** |
| **AMOUNT TO BE PAID:** | **{XXX.XX}** |

\*\*\*PLEASE ATTACH ALL RECEIPTS\*\*\*