

**SOUTHEASTERN LIBRARY ASSOCIATION**

**CHECK REQUEST FORM**

**2017-2018**

**Requested by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Payable to:** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**Mail payment to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Purpose:** \_\_\_\_\_

Email a copy of this form to the President:

Linda Harris  
[lharris748@gmail.com](mailto:lharris748@gmail.com)

Mail, email or fax a copy of this form with receipt(s) to the Treasurer:

Beverly James, Executive Director  
Greenville County Library System  
25 Heritage Green Place  
Greenville, SC 29601-2034  
[bjames@greenvillelibrary.org](mailto:bjames@greenvillelibrary.org)  
FAX 864-235-8375

---

---

(Official Use Only)

Approval by President: \_\_\_\_\_ Date: \_\_\_\_\_

Charged to Budget Category: \_\_\_\_\_

Paid with check number: \_\_\_\_\_

Date of check: \_\_\_\_\_