Send to: Trish Grant Ozark LSC Treasurer

6696 Center Grove Rd. #235

Glen Carbon, IL 62034

OR Email to: OzarkTreasurer@ozarkswimming.com

Vendor Check Request Form

Date Requested: Date Due:

Vendor Name:

Vendor Address:

Amount of Check: Invoice #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Purpose of Check:

Name of Individual Making Request:

*(printed name)*

*(signature)*

Approved by LSC Chair:

*(printed name)*

*(Signature)*

For LSC Use Only: Check #: Check Date: Invoice Rcv’d: