

| Requestor Name | Date Request | |
|-----------------------|--|--------|
| | Check Information | |
| Pay to the order of _ | | |
| | | |
| Address | | |
| | | |
| | | |
| | | |
| | Payment Description | |
| | Reason for check | Amount |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | i. | |
| | Total check amount | \$ |
| | | |
| Approved Declined | | |
| | LEO Board Approval (Two Signatures Needed) | |
| | | |
| | | |
| | | |