ICA

INDEPENDENT COUNCIL ON AGING

Check Request Form

Date Submitted: _____   Amount Requesting: $_____

Issue Check to: _____

Address: _____

DESCRIPTION OF REQUEST and/or attach receipt

Submitted by: _____

(Print/Signature)

Approved by: _____

(Treasurer Signature)

_____

(President Signature)

Approval Date: _____

Date of Receipt Submission: _____

Internal Use Only

Check #:	Processing Date:
Treasurer Signature	