Check Order

NORTH CAROLINA LIBRARY ASSOCIATION

DATE: ___________

Pay to: ________________________________

Mail to: ____________________________________
_____________________________________________

Phone: (       ) _________________

Charge to: (Name of section, round table, committee, officer, etc.)

___ Check here if this check order is to be paid from a Project Grant.

Itemize and describe expenditure
__________________________________________  _________
__________________________________________  _________
__________________________________________  _________

Sales tax County to be paid __________________  _________

Total _________

Authorized Signature ___________________________________________________

(Do not write in this space – for office use only)

Check/reference number: 
Date:

COPY FORM AS NEEDED

Rev 02/04