

LVEPC CHECK REQUEST FORM

Amount of Check: _____

Payable to: _____

Phone: _____

Mail Check to
this Address: _____

Date of Request: _____

Related Event: _____

Comments/Description: _____

**Within three weeks of an event this form, with receipts attached must
be sent to the Treasurer. Please mail it directly to:**

Christine O'Mahony
11 Wheatley Road
Upper Brookville, NY 11545
646-379-5158

Please follow this procedure in order to obtain reimbursement.

For Treasurer's use only:

Check # Issued: _____

Date: _____