

## LVEPC CHECK REQUEST FORM

Amount of Check: \_\_\_\_\_

Payable to: \_\_\_\_\_

Phone: \_\_\_\_\_

Mail Check to  
this Address: \_\_\_\_\_

\_\_\_\_\_

Date of Request: \_\_\_\_\_

Related Event: \_\_\_\_\_

Comments/Description: \_\_\_\_\_

\_\_\_\_\_

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

Meredith Wachter  
78 Piping Rock Rd  
Locust Valley, NY 11560  
(917)232-2050

Please follow this procedure in order to obtain reimbursement.

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For Treasurer's use only:

Check # Issued: \_\_\_\_\_

Date: \_\_\_\_\_