

AMERICAN LEGION – DEPARTMENT OF IOWA

CHECK REQUEST

Payee: _____
Address: _____
City, ST Zip: _____
Phone: _____
Fax: _____
Requested by: _____ Date: _____
Signature: _____

Instructions: Please provide detailed information for all requests. Include the items or service requested and the reason for the request. Include program name and/or commission or committee if appropriate.

Item or service requested and reason for request:	Unit Cost	Quantity	Total

Check amount:

\$

PURCHASE ORDER AUTHORIZATION

☐ Operating Budget – Business Manager **PO Number:** _____
☐ Other – Department Adjutant Account Number: _____
☐ Approved ☐ Disapproved Vendor Number: _____

Signature / Date