IACAC Payment Request

Person requesting payment_____ Date_____

Committee_____

Pay to the order of: _____

Purchase Description	Price
Grand Total	

Send check to: _____

_____

_____

_____

Mail this request with original receipts to:

Jack Tonk
Treasurer, IACAC
1115 Randolph
Gary, IN 46403

<<<<<<<<<<This portion to be completed by the Treasurer>>>>>>>>>>

Check #_____ Check Amount _____

Date _____ Initialed _____