

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	Amount
_____	_____
_____	_____
_____	_____
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