

Sarasota Institute of Lifetime Learning

Check Request Form

Name _____
 Street Address _____
 City & ZIP _____

For Accounting Purposes:
 Check No. _____
 Date Mailed _____

Date	Description	Meals	Taxi/Prkg. Tolls	Mileage @ \$0.725/mi	Other	TOTAL
						\$ -
						-
						-
						-
						-
						-
						-
						-
						-
						-
Total		\$ -	\$ -	\$ -	\$ -	\$ -

Notes

All expenditures must be substantiated by attaching receipts.
 If receipts are not included with this report, a signed statement, giving date, place, purpose and cost of each expenditures, must be attached to conform to Internal Revenue Service Regulations.