

CORPUS CHRISTI ASSOCIATION OF LEGAL PROFESSIONALS

CHECK REQUISITION

INSTRUCTIONS: Forward the original and one copy with attached receipts or other pertinent information to the CCALP President for approval. Retain a copy for your file.

Date Submitted	Office/Committee	Your Name
Expense Date	Expense Description	Amount
TOTAL:		

Make check payable to:	FOR PRESIDENT'S USE ONLY
	DATE RECEIVED
Mail check to:	BUDGET ITEM CHARGED
	DATE APPROVED
	PRESIDENT'S SIGNATURE
	FOR TREASURER'S USE ONLY
	PAID BY CHECK NUMBER
	DATE/TREASURER'S INITIALS