

Oregon State Bar

Section Check Request

This form requires signatures and attachments so must be printed after completion on-line. Checks will be mailed directly to payee, so please attach any desired enclosures and return this completed form with attachments to: Oregon State Bar, Accounts Payable, PO Box 231935, Tigard OR 97281-1935 or Vm Y! mail to: accountspayable@osbar.org

Name of Section:

Please issue check as follows:

Invoice #

Invoice Date:

Full Name of Payee or Vendor:

Vendor # (leave blank)

Amount \$

Address, City, State and Zipcode

Payment Information

Payment Description

Business Purpose

Special Instructions to Accounting

Account codes and Treasurer Approval

Section Account number(s) for this expense:	\$ Amount	Remarks
- -		
- -		
- -		
- -		

Treasurer's Approval - Required

Chair's Approval - if applicable

Accounting Use Only

Accounting Approval

CFO Approval

Accounting notes:

Possible new 1099 - Request W-9 - Y/N

Section funds shall not be used to pay the cost of alcoholic beverages