

WABASH AREA LIFETIME LEARNING ASSOCIATION  
REQUEST FOR PAYMENT

DATE \_\_\_\_\_

AMOUNT \_\_\_\_\_

PAYEE \_\_\_\_\_

PAYEE ADDRESS \_\_\_\_\_

PURPOSE \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ACCOUNT (e.g., PROGRAMMING, CURRICULUM, SPECIAL EVENTS, NEWSLETTER/PUBLICITY,  
ADMINISTRATION) \_\_\_\_\_

DOCUMENTATION ATTACHED? YES NO

APPROVED BY (e.g., COMMITTEE CHAIR, WALLA PRESIDENT) \_\_\_\_\_

Drop completed form in Treasurer's box in WALLA Office, Room 209, Morton Community Center

or mail to:

Wabash Area Lifetime Learning Association

ATTN: Mary Quinn, Treasurer

Morton Community Center

222 N Chauncey

West Lafayette, IN 47906

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DATE PAID \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

CHECK WRITER \_\_\_\_\_

SUBACCOUNT CHARGED \_\_\_\_\_