# Lifetime Learning Institute

# Of Northern Virginia

## Check/Payment Request

Committee or Project: _____ Date: _____

Submitted By: _____ Phone: _____

Email: _____

Pay to: Name: _____

Address: _____

_____

| **For:***List individual Items or Services*<br>*Attach all receipts. Credit card charges or contracts in support of items listed.* | Amount $ |
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| TOTAL | |
| Approved (Print Name):_____<br><br>Approved (Signature): _____<br>*Committee Chair, Board Member in charge or Course Coordinator* | |