



# Dgts. Of the Pennsylvania State Association I.B.P.O.ELKS of the WORLD

## DEPARTMENTAL CHECK REQUEST FORM

DEPARTMENT \_\_\_\_\_

**CHECKS WILL NOT BE ISSUED IF DEPARTMENT DIRECTRESS AND STATE PRESIDENT HAVE NOT SIGNED THIS FORM**

NO.	DATE	NAME	ADDRESS/CITY/STATE/ZIP	FOR	AMT.
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
<b>TOTAL</b>					

### APPROVALS:

\_\_\_\_\_  
DAUGHTER STATE PRESIDENT

\_\_\_\_\_  
STATE DIRECTRESS