

**L.C.M.G.A.
CHECK REQUEST**

RETURN TO:
LCMGA Treasurer
OSU Extension Office
1211 SE Bay Blvd.
Newport, OR 97365

Circle A or B

- A. Request for Payment
B. Request for Reimbursement of Expense

Date: _____

Payable To: _____ Amount \$ _____

Mailing Address: _____

A. Payment is For: _____

B. Description of Expenses: _____

Please identify LCMGA program(s): _____

Please attach supporting invoice and/or receipts and give mailing instructions, if needed.

Requested By: **(Signature Required)** _____

Check #: _____ Entered into Quicken: _____

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