

OPLLF, INC.
DISBURSEMENT REQUEST FORM

(please complete one form for each payee)

Requested by (print): _____ **Signature:** _____

Date submitted: _____

Make check payable to (payee): _____

Check amount:

Special instructions:
 (delivery instr., payment address, expedite, etc.)

Mail

<u>Date</u>	<u>Description of expenditure</u>	<u>\$ Amount</u>
	Total expenditure	\$0.00

<u>Review/Approvals:</u>	
Treasurer:	_____
President:	_____

<u>Payment:</u>	
date	check #
_____	_____
_____	_____