



LOUISIANA LIBRARY ASSOCIATION  
1190 Meramec Station Road, Suite 207  
Ballwin, MO 63021

PAYMENT REQUEST

Date: \_\_\_\_\_

Please pay to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Reason for Payment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount requested: \$ \_\_\_\_\_ Requested by: \_\_\_\_\_

Approved by Section Chair or President: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY:

Authorized by Executive Director: \_\_\_\_\_ Date: \_\_\_\_\_

Amount Authorized: \_\_\_\_\_ Account Code: \_\_\_\_\_