

Literacy Volunteers of Illinois
100 S State Street - Suite 438
Chicago, IL 60660
312-857-1582

Lost Check Requisition

Date of Request _____

Requested by _____

Issue Check to _____

Address _____

Date	Reason	Class*	Account*	Amount

Approved by _____

Check No. _____

Date _____

Date Issued _____

Original check # _____

Stop Payment Date _____

*** LVI Use Only**