

**Literacy Volunteers of Illinois**  
**641 W. Lake Street - Suite 200**  
**Chicago, IL 60660**  
**312-857-1582**  
**312/857-1586 (fax)**

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## Lost Check Requisition

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Date of Request \_\_\_\_\_

Requested by \_\_\_\_\_

Issue Check to \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

<b>Date</b>	<b>Reason</b>	<b>Class*</b>	<b>Account*</b>	<b>Amount</b>

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Approved by \_\_\_\_\_

Check No. \_\_\_\_\_

Date \_\_\_\_\_

Date Issued \_\_\_\_\_

Original check # \_\_\_\_\_

Stop Payment Date \_\_\_\_\_

**\* LVI Use Only**