



Friends of the Lakewood Libraries Scholarship Expense Form

Date: _____

Requested by (checks will be made out to this person):

Mailing Address (checks will be sent here):

Contact Information (in case there are questions, can be phone or email):

Description (receipts must be attached in order to process payment): _____

Total Amount Requested: _____

~~~~~ FOR TREASURER USE ONLY ~~~~~

Check No: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

|                                                                                                                                                                                                |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b><u>INSTRUCTIONS</u></b><br/>Fill out this form completely and mail (along with receipts) to:</p> <p>FoLL Treasurer<br/>Iacoboni Library<br/>4990 Clark Avenue<br/>Lakewood, CA 90712</p> |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|