

**CHECK
REQUEST
VOUCHER**

THE MATHEMATICAL ASSOCIATION OF AMERICA

1529 EIGHTEENTH STREET, NW

WASHINGTON, DC 20036

Phone: (202) 387-5200 Fax: (202) 265-2384

Accounting Office Use Only

Date _____

Name _____

Address _____

Vendor _____

Approved by _____

Verified by _____

Entered by _____

Invoice No. _____ Inv. Date _____ Reference _____

Amount _____ 1099 Amount _____

Description _____

| Acct. No. – Bdgt. Ctr. | Amount | Acct. No. – Bdgt. Ctr. | Amount |
|------------------------|----------|------------------------|----------|
| 1. _____ | \$ _____ | 9. _____ | \$ _____ |
| 2. _____ | _____ | 10. _____ | _____ |
| 3. _____ | _____ | 11. _____ | _____ |
| 4. _____ | _____ | 12. _____ | _____ |
| 5. _____ | _____ | 13. _____ | _____ |
| 6. _____ | _____ | 14. _____ | _____ |
| 7. _____ | _____ | 15. _____ | _____ |
| 8. _____ | _____ | 16. _____ | _____ |

Approval Signature _____

Return Check to Department Yes No To _____

MAA DC Sales Tax Exemption No. 8399 86428 02