

Section Check Request

State Bar of Georgia

(one form per request)

To: State Bar of Georgia
Attn: Section Liaison
104 Marietta Street, N.W.
Atlanta, GA 30303
Fax: 404/527-8749
Ph: 404/527-8774

From: _____ Your Name
_____ Section Officer Position
_____ Section Name

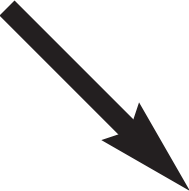
Date: _____

Check payable to: _____

Purpose of check: _____

Total amount of this request: _____

Send the check to: _____



Please attach receipts. *If the amount requested is over \$500, please have two officers approve this expenditure. If the amount is over \$2,500, this request will be reviewed by the Treasurer of the State Bar.* Once approved, it will be distributed. Checks are only cut on Fridays.

If you have any questions about this procedure, please do not hesitate to contact Derrick Stanley at the above address and phone number. See Section Financial Guidelines for further explanation of Bar policies. Consult the Section Leaders Handbook (www.gabar.org)