



North American Serials Interest Group, Inc.
NON-TRAVEL EXPENSE
CHECK REQUEST

Date: _____ Amount: _____

Payable to: _____

Mail To: Name (list Name/Address)

Purpose: _____

Committee to be Charged: _____

Requested By: _____ Date: _____

Approved By: _____ Date: _____
(Committee Chair)

Approved By: _____ Date: _____
(NASIG Officer)

Return To:

Geraldine Williams
NASIG Treasurer
PO Box 54362
Cincinnati, OH 45254-0362

Fax: 606-572-6181
E-Mail: Williams@NKU.EDU
Voice: 606-572-5458

Check No. _____

Fund _____

Please attach receipts/invoices