

**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 _____

Email _____

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