

**HARTMAN**  
CHECK REQUEST

MAKE CHECK PAYABLE TO:

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|              |   | AMOUNT   |
|--------------|---|----------|
| DESCRIPTION: | Liberty Healthshare Annual Membership Fee | \$125.00 |
|              |   |          |
|              |   |          |
|              |   |          |
|              |   |          |
|              |   |          |
|              |   |          |
|              |   |          |
|              |   |          |
|              | Total                                     | \$125.00 |

VENDOR KEY: \_\_\_\_\_

PROPERTY: \_\_\_\_\_

ACCOUNT NO. :            500300

DATE REQUESTED: \_\_\_\_\_

DUE DATE: \_\_\_\_\_

REQUESTED BY: \_\_\_\_\_

APPROVED BY:        Lou Fox

|                |       |
|----------------|-------|
| PRIORITY       |       |
| SAME DAY       | _____ |
| NEXT DAY       | _____ |
| NEXT CHECK RUN | _____ |
| PRIORITY       |       |
| APPROVAL       | _____ |