CHECK REQUEST TEAMER FUND

Check Payable to:

Check Request

Appendix 11A

Date check/payment is needed

Address Amount$

Client’s Name Case File #

Reason for Check/payment

1. Court Filing Fee – Amount - $ \_\_\_\_\_\_\_\_\_\_\_\_\_
2. Death Certificate(s)- Amount - $ \_\_\_\_\_\_\_\_\_\_\_
3. Recordation Fee – Amount - $ \_\_\_\_\_\_\_\_\_\_\_\_\_
4. Other Succession Related Fee – explain need below

for any other succession related fee

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Employee Signature/Date - Your signature verifies that the client meets all four

criteria for usage of the Teamer Homeownership Fund and that the client lives in

one of the 15 eligible parishes. Circle the eligible parish: Ascension, Assumption, East Baton Rouge, Jefferson, Lafourche, Livingston, Orleans, Plaquemines, Point Coupee, St. Bernard, St. Tammany, Tangipahoa, Terrebonne, Washington, West Feliciana.

Draw check on: Funding Code 123

General Account

Distribution of Check: Send to payee Return to Employee

(Check one)

DO NOT WRITE BELOW THIS LINE

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Administrator Approval/Date Vendor Number

Deputy/Director’s Approval