



**STATE OF TENNESSEE
TREASURY DEPARTMENT
CASH MANAGEMENT
11TH FLOOR, ANDREW JACKSON BUILDING
NASHVILLE, TENNESSEE 37243-0244**



**LGIP TRANSACTION REQUEST SHEET
FAX NUMBER (615) 741-0755**

DELIVER TO: LGIP Office (615) 532-1163

FROM: _____

DATE: _____

We are sending ____ pages to you (including this cover sheet). If you need a resend of any page, call (____) _____. If you do not call, we will assume you received the pages satisfactorily.

LGIP TRANSACTION INSTRUCTIONS

Request Date: _____ Transaction Date: _____

Participant's Phone Number: _____

Transaction Type: Deposit Withdrawal Transfer

Transaction Description: Withdraw From LGIP Account Number: _____

Deposit to LGIP Account Number: _____

Amount: \$ _____

Entity Name: _____

Authorized Signature: _____

Typed/Printed Name and Title: _____

Bank's Name: _____

Bank's Account Number: _____

FOR LGIP USE ONLY

Ticket # _____ Bank T/R # _____ Account Balance _____

Correspondent Bank Name _____ Correspondent Bank T/R # _____