ORGANIZATION NAME

☐ **Internal Check Request**

Date check is needed _____

☐ Mail to vendor   ☐ Return to person requesting

☐ **Credit / Debit Card Transaction**

Approved by:

_____

_____|_____

Paid Date   Check #

Invoice, Receipt, or Other Back-Up Documentation <u>must be attached</u>.   *Attach Ck Voucher when paid.*

Date of Purchase	Expense Account	Amount	Notes of Explanation MEMO	Grant / Customer-Job	Class
		Total Requested:			