ORGANIZATION NAME

☐ Internal Check Request Date check is needed ☐ Mail to vendor ☐ Return to person requesting			Credit / Debit Card		Approved by:	
			Transaction		Paid Date	Check #
voice, Receipt,	or Other Back-Up Document	tation <u>must be attach</u>	<u>sed</u> .		Attach Ck Vou	icher when paid
Date of Purchase	Expense Account	Amount	Notes of Explanation MEMO	C	Grant / ustomer- Job	Class
			Total Requested:			
		DRGANIZA ⁻	TION NAME	 	Annrov	ved hv
	al Check Request	ORGANIZA ⁻	TION NAME ☐ Credit / Debit Card		Approv	ved by:
Date check is n	al Check Request	DRGANIZA	☐ Credit / Debit		Approv	
Date check is n Mail to	al Check Request	person requesting	Credit / Debit Card Transaction		Paid Date	
Date check is n	al Check Request	person requesting tation <u>must be attach</u>	Credit / Debit Card Transaction		Paid Date	Check #
Date check is n Mail to v voice, Receipt, Date of	al Check Request needed vendor	person requesting tation <u>must be attach</u>	Credit / Debit Card Transaction	C	Paid Date Attach Ck Vou Grant / ustomer-	Check #
Date check is n Mail to v poice, Receipt, Date of	al Check Request needed vendor	person requesting tation <u>must be attach</u>	Credit / Debit Card Transaction		Paid Date Attach Ck Vou Grant / ustomer-	Check #
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