

REQUEST FOR CHECK

VENDOR NAME: Vendor name can be typed here

DATE SUBMITTED: 07/10/2003 NEEDED BY: 07/15/2003

IN PAYMENT OF: Description infor can be typed in these lines  
but it does not wrap automatically you'll  
have to tab to each line.

ACCOUNT REFERENCE # TO BE CHARGED AND AMOUNT: Dollar amount an account #  
and/or acouint name can be typed  
on these lines, but again you need to  
tab to each line. That's it.

PAYMENT APPROVED: \_\_\_\_\_  
Committee Chair  
\_\_\_\_\_  
Committee Chair (2)  
\_\_\_\_\_  
Committee Chair (3)  
(if over \$200.00) \_\_\_\_\_  
Finance Comm. Chair  
(if over \$500.00) \_\_\_\_\_  
Council President

NOTE: Three spaces for committee chair approval are provided in case more than one invoice is due to the same invoice, affecting more than one committee. Please route this request to all appropriate committee chairs before submission to be paid.