## hbcoa 2009 logoCheck Request Form

MAIL CHECK  **DO NOT** MAIL CHECK

PER MEMO INSTRUCTIONS BELOW  DELIVER CHECK TO REQUESTOR

Instructions:

1. Checks are **ONLY** processed on the 2nd and 4th Thursdays of the month.
2. Please have your check requests submitted to the HBCOA by 9:00 AM on **Thursdays.**
3. You may request one check for multiple events and account numbers.
4. Expenditures **must have a receipt** and proper authorization, OR a Lost receipt form.

|  |  |
| --- | --- |
| Requestor: | Date: |
| Payee: | |
| Address: | |
| City, State: | Zip Code: |

**Items or Services Requested (NOTE: Requests are returned/delayed if no account number!!)**

|  |  |  |
| --- | --- | --- |
| Event: |  | Amount: |
| Event: |  | Amount: |
| Event: |  | Amount: |
| Check Total: $0.00 | | |

|  |
| --- |
| Memo Instructions: |
|  |

|  |  |
| --- | --- |
| Supervisor/Committee Chair Approval: | Date: |
| **PRINT NAME -** Supervisor/Committee Chair Approval: |  |

|  |  |
| --- | --- |
| HBCOA Executive Board Approval: | Date: |
| **PRINT NAME -** HBCOA Executive Board Approval: |  |

**LOST RECEIPT**