## 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**