## hbcoa 2009 logoCheck Request HBCOA Credit Card Form

Instructions:

1. Please have your check requests into the HBCOA office by 9:00 am on **2nd & 4th** **Thursdays.**
2. You may request one check for multiple events and account numbers.
3. Expenditures **must have a receipt** and proper authorization.

|  |  |
| --- | --- |
| Requested By:       |  Date:       |
| MERCHANT:       |
| Address:       |
| City:       |  Zip Code:       |

**Items or Services Requested**

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

|  |
| --- |
| Memo **HBCOA CREDIT CARD**:      |
|  |

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

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

**LOST RECEIPT INFO**

|  |  |
| --- | --- |
| Date of Transaction:       | Amount:       |
| Merchant:       | Misc. Info:       |