## 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: |