

ROLCC CHECK REQUEST FORM

Restricted Funds (Division B ~ G)

(One Payee per Form)

Invoice Date	Vendor's Name	Business Purpose / Description	Amount	Division Code	Budget Code

TOTAL \$

Check Payable To (Please PRINT):

Payee's Name (on the check) : _____

First Name (or Vendor's Name)
Last Name

Phone Number:

Address:

Board/EPT Signature (if over \$5,000)	Executive Director Signature (2nd signer)	Dept. Director/ Budget Owner Signature (1st signer)	Requester Name
Date Approved	Date Approved	Date Approved	Date Requested

For meal expenses, please provide a list of attendees, or headcount number if it is for a large group.

Special Instruction:

- Attach the original receipts and provide necessary information according to the reimbursement policy.
- Obtain the authorized signatures (1st and 2nd signers) before submitting to the Finance Department.
- Obtain pre-approval from the Executive Board by completing Purchase Order Form for any request that is >= \$5,000. Please contact the church office at (408) 260-0257 x 106 for any questions.

CHECK NUMBER: _____