

DATE: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

**ROLCC CHECK REQUEST FORM**

**District / ROPLI / Board / Mission**

(One Payee per Form)

Invoice Date	Description	Amount	District / Board Code	Budget Code

**TOTAL**

**Check Payable To: (One Payee per Form)**

**Name:**

**Address:**

**Phone Number:**

Executive Board/EPT Signature	Administrator Signature	District / Board / Mission Signature	Requester Name (Please Print)
<b>Date</b>	<b>Date</b>	<b>Date</b>	<b>Date</b>

**Special Instruction:**

1. Attach the original receipts and provide necessary information according to the reimbursement policy.
2. Obtain authorized signatures from District, Board and the Administrator before submitting to Finance Department.
3. Obtain pre-approval from the Executive Board by completing Purchase Order Form for any request that is >= \$3,000. Please contact church office at (408) 260-0257 x 106 for any questions.