### 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.**