###  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** |
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|  **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.**