

# The Church of God in Oakland

## Check Request Form

Date: \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Check one:             Office Supplies     Repair & Maint     Special Event  
                           Others: \_\_\_\_\_

For event: \_\_\_\_\_ Account Number: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Note: The original invoices / receipts must be attached to the check request form for reimbursement. Request should be submitted to Accounting Department.

### Purchased Items List

Date	Description	Subtotal
<b>Total</b>		

Pay Date	
Check	
Amount	

Amount Received by:  
 \_\_\_\_\_