# NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY
## CHECK REQUEST

VENDOR NAME: _____ VEND. CODE: _____
ADDRESS
CITY, STATE, ZIP

DATE: _____

JUSTIFICATION: _____ REQ. APPROVAL: _____

| INV. # | ITEM | AMT. | Fund Code | Act. Code | GL Code | Loc. Code | AMOUNT |
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| | | | | | TOTAL | | $ - |

DATE NEEDED: _____

PREPARED BY: _____

# - EXAMPLE- CHECK REQUEST

DATE DAY/MONTH/YEAR

VENDOR CODE (Bus. Office) [ ]

Business office will complete Vendor Code. ~ This is not employee vendor code.

Check to: Vendor Write in the name of the vendor.

Address Write in the address.

City Write in the city, state & zip code.

Check Request Approval

x COORDINATOR/MANAGER APPROVES

JUSTIFICATION: ☐ SEE ATTACHED (Check applicable box.) OR ☐ ITEMIZED BELOW

Teacher, FSW, EHS, Coordinator Manager to write justification & check either the see attached or itemized below boxes.

| INVOICE NUMBER | ITEM | INV. AMT. | FUND CODE | ACT. CODE | GL CODE | LOC. CODE | CODE AMOUNT |
|---|---|---|---|---|---|---|---|
| | Write in the description of what the check is for. | ONLY COORDINATORS, MANAGERS & THE BUSINESS OFFICE WILL WRITE IN THESE CODES AND AMOUNTS BECAUSE EVERYTHING IS CODED TO PERCENTAGES. | | | | | |
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| **Check is made out from original request only.** Faxes are not accepted. | | | | | | | |
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TOTAL Coordinator or Manager will write in the total.

Teacher, FSW, EHS, Coordinator or Manager will write in any remarks. (Example ~ Send to center.)

REMARKS: **If requesting check to be held at agency, highlight to draw attention for the business office.**

DATE NEEDED: Whoever is requesting will write date needed.

PREPARED BY: (PRINT) Whoever is requesting will print their name.