

**NORTHWEST MICHIGAN COMMUNITY ACTION AGENCY  
CHECK REQUEST**

VENDOR NAME: Postmaster <Name of City>

VEND. CODE: \_\_\_\_\_

ADDRESS You can write address if you have it.

CITY, STATE, ZIP Write in the CITY, MI & ZIP CODE

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

JUSTIFICATION: \_\_\_\_\_

REQ. APPROVAL **COORDINATOR / MANAGER APPROVES**

| INV. # | ITEM   | AMT. | Fund Code                                    | Act. Code | GL Code | Loc. Code | AMOUNT                                   |
|--------|--|------|--|-----------|---------|-----------|--|
|        | <i>Staff will write in how many stamps are needed and</i>    |      | <i>Note: ONLY COORDINATORS, MANAGERS</i>     |           |         |           |  |
|        | <i>the cost of the stamps. (See example below)</i>           |      | <i>AND THE BUSINESS OFFICE WILL WRITE IN</i> |           |         |           |  |
|        | 100 stamps @ .55 cents                                       |      | <i>THESE CODES AND AMOUNTS BECAUSE</i>       |           |         |           | \$ 55.00                                 |
|        |  |      | <i>EVERYTHING IS CODED TO PERCENTAGES.</i>   |           |         |           |  |
|        | <i>Note: CHECKS ARE MADE OUT FROM ORIGINAL REQUEST ONLY.</i> |      |  |           |         |           |  |
|        | <i>FAXES ARE NOT ACCEPTED.</i>                               |      |  |           |         |           |  |
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|        |  |      |  |           |         |           | <small>spreadsheet totals amount</small> |
|        | <b>TOTAL</b>   |      |  |           |         |           | <b>\$ 55.00</b>                          |

DATE NEEDED: Requesting staff will type in date check is needed

PREPARED BY: Requesting staff will type in their name