

DATE: _____

CHECK NUMBER: _____

ROLCC CHECK REQUEST FORM
Restricted Funds
(One Payee per Form)

Invoice Date	Description	Amount	Division Code	Budget Code
TOTAL				
Check Payable To: (One Payee per Form)				
Name: _____				
Address: _____				
Phone Number: _____				
Board/EPT Signature	Executive Director Signature	Dept. Director/ Budget Owner Signature	Requester Name (Please Print)	
Date	Date	Date	Date	
Special Instruction: 				

1. Attach the original receipts and provide necessary information according to the reimbursement policy.
2. Obtain authorized signer's signatures before submitting to Finance Department.
3. Obtain pre-approval from the Executive Board by completing Purchase Order Form for any request that is >= \$3,000. Please contact church office at (408) 260-0257 x 106 for any questions.