

Progress Inc.

Check Request for Operating Funds

Request Date: _____ Date Check Required: _____

Invoice Number: _____ Request Amount: _____

Requested For: _____

Requested By: _____

<u>ACCOUNTING USE ONLY</u>			
<u>Distribution:</u>	<u>G/L Posting Account</u>	<u>Prog/Project Code</u>	<u>Amount</u>
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
		Total Amount	_____

Check is to be: _____ Mailed _____ Picked up at Office _____ Other

Check Payable To:

Vendor Name _____

Vendor Address _____

Vendor City, State, Zip _____

Vendor Phone _____

(Complete Vendor Information required for first-time vendors)

RECEIPTS FOR THIS PURCHASE MUST BE TURNED IN TO ACCOUNTS PAYABLE ADMINISTRATOR WITHIN 7 DAYS!!

_____ Approved _____ Denied	_____
	Establishment Funds Administrator
_____ Approved _____ Denied	_____
	Supervisor
_____ Approved _____ Denied	_____
	Director of Fiscal Services
_____ Approved _____ Denied	_____
	Executive Director