

Progress Inc. Check Request - Client Funds

Request Date: _____ Date Check Required: _____
 Invoice Number: _____ Request Amount: _____
 Client Name: _____
 Item/Service: _____
 Requested By: _____

| <u>ACCOUNTING USE ONLY</u> | | |
|---|-------------------------|---------------|
| <u>Distribution:</u> | <u>G/L Posting Code</u> | <u>Amount</u> |
| Project Code: <input style="width: 100px; height: 15px;" type="text"/> | _____ | _____ |
| | _____ | _____ |
| | _____ | _____ |
| CHECK # _____ | Total Amount | _____ \$0.00 |

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 | _____ |
| | Client Funds Administrator |
| _____ Approved _____ Denied | _____ |
| | Program Manager |
| _____ Approved _____ Denied | _____ |
| | Director of Services (approval required for purchases > \$500 and all appliances, furniture and electronics.) |
| _____ Approved _____ Denied | _____ |