| FOCUS | **Family Outreach Center for Understanding Special-Need, Inc.** |

Check Request

Invoice Date _____

Make Check Payable To:

Name/Vendor: _____

Address: _____

_____

Invoice Description

Item Description:	GL Account	Location	Department	Amount

TOTAL AMOUNT OF CHECK REQUEST _____

NOTES

Completed By: _____ **Date** _____

Supervisor Approval: _____ **Date** _____

ED/CFO Approval: _____ **Date** _____