Faith Outreach

Christian Life Center, Inc.
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CHECK REQUISITION FORM

FOR ACCOUNTING USE ONLY

DATE:		ACCOUNT NUMBER:	
DATE NEEDED:		CHECK AMOUNT:	
DEPT NAME:		CHECK NUMBER:	
P.O. NUMBER		DATE CHECK MAILED	

VENDOR NUMBER: _____

G/L# _____ AMT. _____
GIL# _____ AMT. _____
G/L# _____ AMT. _____

PAYABLE TO:			
ADDRESS:			
CITY:		**STATE:**	GA
ZIP:			

QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL AMOUNT
	subtotal		
	sales tax		
	shipping & handling		
	TOTAL DUE		

Check One☑: ☐Mail ☐ Return to Sender

Instructions: _____

_____

_____

_____

Prepared By: _____
Date

Reviewed By: _____
Date

Supervisor: _____
Date

Approved By: _____
Date