# Faith Outreach

**Christian Life Center, Inc.**
**P.O. Box 1109**
**Hephzibah, GA 30815**
**Telephone: (706) 792-9972/9254/9036**
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## CHECK REQUISITION FORM

FOR ACCOUNTING USE ONLY

| | | | |
|---|---|---|---|
| DATE: | | ACCOUNT NUMBER: | |
| DATE NEEDED: | | CHECK AMOUNT: | |
| DEPT NAME: | | CHECK NUMBER: | |
| P.O. NUM BER: | | DATE CHECK MAILED: | |

G/L# _____ VENDOR NUMBER: _____

GIL# _____ AMT. _____

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

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

AMT.

Check One☑: ☐Mail ☐ Return to Sender

Instructions: _____ _____

_____

_____

Prepared By: __ _____ Date:_____

Reviewed By: _____ Date: _____

Approved: _____ Date:_____