

APPENDIX K



1112 HIGH STREET
P.O. BOX 186
DEDHAM, MASSACHUSETTS 02027
PHONE: 781-326-2473
FAX: 781-251-0874
EMAIL: tec@tec-coop.org
www.tec-coop.org

Request for Check

Employee reimbursement request
Attach receipt

Request for vendor payment
Attach invoice

| | | |
|-------------------|-----------------|--------------------|
| Check data | Amount \$ _____ | Program Name _____ |
| | | Program # _____ |
| | | Expense # _____ |

| | |
|---------------|---------------------------------------|
| Pay to | Name _____ |
| | Address _____ |
| | City _____ State _____ Zip Code _____ |

| |
|--|
| Purpose Describe _____ |
| _____ |
| Check stub description (maximum 20 characters) _____ |
| Requested by: _____ Date _____ |

| | | |
|-----------------|---|------------|
| Approval | Program Supervisor/Director: _____ | Date _____ |
| | Program Administrator: _____ | Date _____ |
| | Administrator of Finance/Operations _____ | Date _____ |

For office use:

Date Paid _____

Check # _____