CHECK REQUEST

TO: Office	of Management and Bu	ıdget		
FROM:				
		Date:		
PLEASE MAKE CHI	ECK PAYABLE TO: _			
IN THE AMOUNT O	F:			
ACCOUNTING COD				
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DESCRIPTION OF T	TRANSACTION:			
Commissioner/Supervis	sor Signature			
Commissioner, Supervi	301 21 8			
Commissioner of Finan	ice/Finance Officer			
For OMB Use:				
PACKET PREPARE	ED			
	ACCURACY CHECKED BY: APPROVED FOR PAYMENT:			
	PACKET CONTENTS:	REQUISITION:	P.O	
	CHECK #:F INVOICE:F	RECEIVING REPORT:		
	Account coding	Dol	lar Amount	