



# SQUAXIN ISLAND TRIBE CHECK REQUEST

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Explanation of Expenditures	Fund 00	Src 00	Dept 00	Prog 000	GL 0000	Project AAAAAAA	Amount
Attach purchase information (price quotes, brochures, catalog information, or any other information available) if you need a check at time of purchase.						<b>Total</b>	

Copy To: \_\_\_\_\_

<b>Session ID#: API</b>	
Invoice #:	
Invoice Date:	
Effective Date:	
Authority:	
Purchase Order#:	

Departmental Authority: \_\_\_\_\_

Date Approved: \_\_\_\_\_

Mail to above address: \_\_\_\_\_ Return to: \_\_\_\_\_ Disbursement Date: \_\_\_\_\_