



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.						Total	

Copy To: _____

Session ID#: API	
Invoice #:	
Invoice Date:	
Effective Date:	
Authority:	
Purchase Order#:	

Departmental Authority: _____

Date Approved: _____

Mail to above address: _____ Return to: _____ Disbursement Date: _____