**2023 AFP Check Request Form**

**Attn: Committee Chairs – please complete the highlighted areas.**

|  |  |
| --- | --- |
| **Amount**: $0 | **Date:** 1/9/2023 |
| **Payable to**: | |
| **Mailing Address:** | |
| **Mail to:  Payee  Other** | **Date Check Needed:** |

|  |  |
| --- | --- |
| **Purpose of the check:** | |
| **Requested by:** |  |
| **Invoice No.:** |  |
| **Vendor Phone:** | **Vendor Email:** |
| **Approved by:** | **AFP Officer Title:** |
| **AFP Treasurer’s Authorization:** | **Date:** |
| **No payment will be made without this completed check request, invoice, and approval**  **by the appropriate Board Officer and/or Program Chair and Treasurer.** | |

**----------------------------------------------------- Accounting Use -------------------------------------------------------**

|  |  |
| --- | --- |
| **Charge to account:** | **Budget item:  Yes  No** |
| **Check No:** | **Date:** |
| **Mailed/Sent Date:** |  |

**AFP Orange County**

**PO Box 8133, Fountain Valley, CA 92728-8133**

**Phone 949-436-2939**

**Please submit this form and invoice to:**

**Treasurer, Karen Orlando, korlando@ivc.edu and**

**Chapter Administrator, office@afpoc.org**