**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:** [x]  **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**