

CHECK REQUEST

MARLTON ASSEMBLY OF GOD
 625 East Main Street
 Marlton, NJ 08053
 Phone: 856-596-1011
 Fax: 856-596-3382

DATE:
PAYABLE TO: (include address)

PERIOD
 MO _____ YR _____

GL CODE _____

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Mail To Payable

Place in Box (If Staff)

PLEASE SUBMIT THIS FORM TO THE FINANCE DEPARTMENT BY **4 PM ON TUESDAY**

REQUESTED BY:	DATE NEEDED:
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Category (GL)	Memo: What is the item? What is it being used for? Who was at the meal? Add in details for correct item assigning.	Amount
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Total Amount	\$
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APPROVED BY: (Direct Report or Office)

Updated: February 26, 2024