

Western Arizona Community Alliance, Inc.

Check Authorization

PAY TO:

NAME: _____

ADDRESS: _____

FEI #:

Invoice #	Description	Charge to Program & Account #	Amount
TOTAL AMOUNT OF CHECK			

Initial

- _____ Purchase procedure compliance with
- _____ Checked accuracy of all arithmetic on invoices
- _____ Ascertained that good or services have been received
- _____ Prepared check authorization form

Check #: _____

Program Director: _____

Date: _____

Approved by: _____

Date: _____