



Texins Association Clubs

Check Request

Use This Form For Approval of ALL Expenditures,
Both Budgeted and Non-Budgeted

Form No. TA-01a



TO: Texins Accounting Service - M/S 324
FROM: _____

BOOK TO MONTH OF:

ACCOUNT #	ACCOUNT NAME	AMOUNT
TOTAL		

Date: _____

Expense:

Grant: Partial Full

Within Budget: Yes No

Date Required: _____

Note: Requests must be in the
Accounting Office by Monday **at Noon**
for current week processing

MAKE CHECK PAYABLE TO:		Office Use Only
		Vendor #:
PURPOSE/ INVOICE #:	MAILING ADDRESS:	Amount of Expenditure:

AUTHORIZATIONS

Clubs Or Activity		Texins Association		HFC	
<i>*President or Commissioner</i>	<i>Club Treasurer or Staff Representative</i>	<i>President</i>	<i>Treasurer</i>	<i>Controller</i>	<i>Acctg Staff</i>
Date:	Date:	Date:	Date:	Date:	Date:

* Required for expenditures in excess of Budget.

NOTE: CHECK REQUEST MAY NOT BE APPROVED BY RECIPIENT.

This form must be accompanied by supporting documents, such as ORIGINAL invoices, sales slips, etc. and conform to the Check Request Procedure - Revised - 01/01/05