Council for the Spanish Speaking, Inc. Check Authorization

Date of Request:	Date Due:-		
Payable to: Name:			
ddress:			
			
Description/Item Number	Dept #	G/L#	Total Cost
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	T		
ayment description / explanation:	lotal am	ount of Check	•
			·
Employee requesting check		Date:	
Director/Supervisor authorization		Date:	
Approved by		Date:	