



South Cove Community Health Center Check Request

Date: _____

Make Check Payable to: _____

Description of Items: _____

Special Instructions: _____

Grant #	Dept #	Account #	Grant/Department/Account Name	Amount

Total:

If payment is not to a corporation please provide:

S. S. #: _____ or EIN: _____

Submitted By: _____ Dept. Approval: _____

Accounting Use Only	
Date Vouchered: _____	
Check #: _____	
Check Amount: _____	
Date Paid: _____	
Date Mailed: _____	Administration Approval: _____