



YUGO MINISTRIES, INC.
 PO Box 25
 San Dimas, CA 91773

DATE: _____

CHECK REQUEST FORM

Pay to the Order of: _____

Address: _____

City, State, Zip Code: _____

Please describe below the items purchased in details as well as the purpose for the expenditure. Attach **ALL ORIGINAL** receipts to show proof of purchase. If an invoice is available, please list the invoice number and attach to request. Otherwise, this column can be used to name the receipt location (ie Target, Walmart, OXXO)

<u>Items Purchased/Purpose</u>	<u>Amount</u>	<u>Invoice #</u>
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
	SUB TOTAL \$ _____	
(If more items, please use back side)	<i>Back Side</i> \$ _____	
	TOTAL AMOUNT DUE \$ _____	

Check Requested by: _____

Approved by: _____

OFFICE USE ONLY

<u>ACCOUNT FUNDS ALLOCATED TO:</u>	<u>\$ Amount</u>	
_____	\$ _____	Date Received _____
_____	\$ _____	Vendor Code _____
_____	\$ _____	Check # or _____
_____	\$ _____	Control # _____
_____	\$ _____	Date Paid _____
_____	\$ _____	Date Entered: _____
_____	\$ _____	Dac # _____

