

Wayside Youth & Family Support Network, Inc.
1 Frederick Abbott Way
Framingham, MA 01701

SPECIAL CHECK REQUEST

FY 15

Today's Date _____ Department # _____ Expense Category # _____

Check Amount _____ Date Needed _____ Requested by _____

Mail Check ___ yes ___ no Interoffice ___ yes ___ no

Check Pickup by _____ Phone # _____
(Please print)

Services/Materials Purchased (Please attach invoice/order form)

Check Payable to

NOTE:

Program Directors can approve purchases up to \$1000.

Vice President's signature is also required for purchases up to \$5000.

Chief Financial Officer's signature is also required for purchases over \$5000.

Check requests received in Accounts Payable without appropriate signatures will be returned to the requestor.

Program Director's Signature _____

Vice President's Signature _____

Chief Financial Officer's Signature _____

Forward to Accounts Payable

For Accounting Dept. Use Only

BATCH # _____
REF # _____
ACCT # _____
SUB ACCT # _____
SUB ACCT # _____
POSTING DATE _____

A/P Notes:

Signature for Check Pickup:
