

CITY OF CRYSTAL CITY

() CHECK	() DEBIT CARD REQUEST
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MAKE CHECK PAYABLE TO: (Vendor Name & Address)	AMOUNT TO PAY: _____
_____	_____
_____	_____
_____	DATE NEEDED: _____

REASON FOR CHECK / PURPOSE OF ITEM (S) PURCHASE:	(REQUIRED)

FUND	DEPT	GL ACCT	GL DESCRIPTION	AMOUNT
TOTAL CHECK REQUEST				\$55.64

DEPT. BUDGET BALANCE CHECKED? _____	Balance: _____
Requested By: _____	Date: _____
Department Approval: _____	Date: _____
Director of Finance Approval: _____	Date: _____
City Manager Approval: _____	Date: _____

VENDOR ID: _____	PROCESSED BY: _____
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