

Attach supporting paperwork

PAYMENT VIA CHECK REQUEST FORM

Name _____ Date _____
 Department _____
 Approved by _____ Date _____
 Amount of Check \$ _____
 Payable to _____

#	Expense category:	Amount:
54	Advertising/marketing	\$
73	Affiliation/Membership Fees	\$
26	Baby supplies/equipment, including formula/diapers	\$
33	Building maintenance/repairs (occupancy)	\$
22	Cell Phone	\$
52	Child Care	\$
29	Client Emergency Need: rent, special circumstances	\$
45	Computers/associated supplies/toner	\$
13	Contractor/Consulting fees, Maxx, Quadex, etc	\$
53	Employment advertising & hiring expenses	\$
27	EWYL/Classes/Mentoring supplies	\$
28	Hotline/Client Scheduling	\$
56	Incentives for special programs: LYB, HFPC, etc	\$
55	Lab fees (HFPC)	\$
11	Legal fees	\$
41	Medical Supplies, including PTs	\$
71	Mileage Reimbursement	\$
47	Office Furnishings	\$
42	Office Supplies	\$
61	Postage	\$
63	Printed materials: brochures, pamphlets, etc	\$
65	Printing, other, including photo rights	\$
44	Software (Ekyros, ReminderCall, Vimeo, Donor Perfect, etc)	\$
72	Training, Seminar, Webinar, Conference, In-service	\$
81	Volunteer recognition	\$

Additional info: _____

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