



ASSOCIATION CHECK REQUEST
ATTACH ORIGINAL RECEIPTS

DATE REQUESTED: _____ DATE CHECK NEEDED: _____

ACTIVITIES GOLF OCA OPERATIONS OCA RESERVES

REQUESTED BY: _____

SUBMITTED TO ADMIN OFFICE ON: _____

<u>DESCRIPTION AND PURPOSE</u>	<u>GL#</u>	<u>AMOUNT</u>
	TOTAL:	

PAYEE: _____

PAYEE ADDRESS _____

SIGNED: _____ DATE: _____
REQUESTOR

GIVE TO SOCIAL COORDINATOR CALL FOR PICK UP MAIL CHECK

APPROVED BY:

BOARD MEMBER: _____ Date: _____

CHIEF OPERATING OFFICER: _____ Date: _____

PRESIDENT: _____ Date: _____