



California Association for Bilingual Education
 16033 E. San Bernardino Road
 Covina, CA 91722
 626-814-4441 Fax 626-814-4640

Check Request

Information for Check Request			
Name of the person requesting a check:		Today's date:	
Make check payable to:		Check amount:	
Give a brief description of the purpose for this check. Please include any back up documentation (i.e. invoice, membership application, or email, if applicable)			
Mail the check to: (Name of organization and/or person)			
Street Address (include suite # if applicable)	City	State	Zip
SPECIAL INSTRUCTIONS FOR CHECK DISTRIBUTION (IF ANY):			
COMMENTS:			

IMPORTANT NOTE: Check requests are processed every two weeks. Please plan ahead to allow adequate time to obtain approval.

FOR HEADQUARTERS USE				
Approved by:			Date Approved:	
Cost Center:	Check Issued:	Check No. (if known)	Reviewed by: (initials)	Date Reviewed:
Comments or Notes:				