## **AP Form**

			enter #) ast Day of Event or Activity
СНЕСК Р	REQUEST (	Cost Center #	)
		(Cost Center # Il Business Name	)
Requested by:		Approved by:Supervisor/Cabinet Member	
Approved by Scout	Executive:_	(Decreised for \$1,000 c	
		(Required for \$1,000 or	
P. O. #	D	ate of Request	Date Needed
Full Name			
			StateZip
Phone#	Business #_	Ema	il Address
MailDeliver Give check or card to	•	•	Office PH SL AL_
GL Account Number	\$ Amount	Complete Ex	planation of Amount or Charge
<del></del>	<u> </u>		
<u></u>			
<u></u>			
Grand Total	al:		

Official Purchasing Card Requests can only be made through a member of the Golden Gate Area Council Professional or Office Staff. Signatures MUST be clear and legible. Explanations for all anticipated charges must be complete. Valid 10-digit GL account numbers must be utilized on all requests. Official Check Requests can only be made through a member of the Golden Gate Area Council Professional or Office Staff. Signatures MUST be clear and legible and the requesters name may be printed beside the signature if necessary. Explanations for all charges must be complete. Valid (GL) 10-digit account numbers must be utilized on all requests.

This form must be submitted (5) days prior to Check run dates and (5) days prior to the day the Purchase Card is needed. INCOMPLETE REQUESTS WILL CAUSE DELAY IN PAYMENTS