

Check Request Form

Date:			

Date	Description	Amount	Department Code	Asset Yes No				
Dale	Description	Amount	Department Code	TES INC				
TOTAL: \$ -								
Check Payable To: (one name per form)								
Name:								
Address:								
Phone Number:								
Special Request:								
Requestor: Department Head:								
Name: Name:								
Telephone:		Telephone:						
Signature:		Signature:						
	amount \$300,00 and under ,signature of depar		-					
	amount between \$300-\$2,500, signature of 1 be		•					
Approval: (For	amount between\$2,500-\$5000, signature of 3 b	oard members a	nd department head	are required)				
Approval: (For amount above \$5,000, signature of all 4 board members and department head are required)								
Note 1: When requestor and Department Head is the same person, signature of 1 board member is required)								
Note 2: For am	ount above \$2,500, yearly budget and spendin	g amount need to	be provided by De	partment Head.				
1. Yin Hui		3. Gordon Shou						

4. Julia Liang

2.Victor Huang