

REQUEST FOR CHECK

DATE: 8/29

AMOUNT: \$300

ASSOC. NAME: BRADFORD PARK

PROP CODE: ABFP

Payee: HEB grocery store

Address: _____

JOE WILL PICK UP CHECK

City: IN OFFICE

ST/ZIP: _____

Phone: _____

MAIL CHECK:

PICK UP CHECK:

DESCRIPTION:

HEB GIFT CARDS

MGR APPROVAL: for Gains

PAID BY CHECK: _____

DESCRIPTION	GL CODE	AMOUNT
HEB GIFT CARDS SOCIAL	SOCIAL	300
3 @ \$25		
2 @ \$50		
1 @ \$100		
1 @ \$25		
	TOTAL:	<u>300</u>