



OCEANSIDE COMMUNITY ASSOCIATION

550 Vista Bella Oceanside CA. 92057  
Telephone 760-757-3937 Fax 760-757-8177 Clubhouse 760-757-8177

### CHECK REQUEST

Date Requested: \_\_\_\_\_ Date Check Needed: \_\_\_\_\_

Requested By: \_\_\_\_\_

Please Issue Check From:    Operating: \_\_\_\_\_    Reserve: \_\_\_\_\_    Other: \_\_\_\_\_

Check Payable to (Payee): \_\_\_\_\_

Is Payee a Board Member?    Yes    No

Payee Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Vendor:    Yes    No    (If YES, attach completed New Vendor Information)

Payment for (Description): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If request is for a reimbursement, attach receipts for the reimbursement amount and proof of payment.

Payment Amount: \$ \_\_\_\_\_    General Ledger Account: \_\_\_\_\_

### APPROVALS

General Mgr/ Director : \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_

Other: \_\_\_\_\_ Date: \_\_\_\_\_