

SAF/CAF Check Request



Requested by: Christina Moreno

Pay to the Order of: Christina Moreno

Bid #:

Address:

Amount: 653.60

City:

State:

Zip:

Re: Reimbursement for Rocketry supplies/parts

Invoice #: 56822415OMR

Invoice Date: 02/15/17

Attention:

Account #

Check Mailed ☐

Or

Return to Sponsor ☒

Category Name	Category #	Amount
Grants- Rocketry	865-872GRA	653.60

Function Code	Object Code
36	6399

Office Use Only:

Check # 408620295

Date: 2.17.17