SAF/CAF Check Request

Office Use Only:

Requested by:	Christina Moreno						A SOHOP
Pay to the Order of:	Of: Christina Moreno						Bid #:
Address:							Amount: 816.15
City:	State: Zip:						
Re:	Reimbursement for Rocketry supplies/parts & student meal on 03/18/17 Invoice #: 8567895OPUTR						Invoice Date: 03/18/17
Attention:	Attention: Account #						Check Mailed
							Or Return to Sponsor
					Function		
Categor	y Name	Category #	Amount		Code	Object Code	
Grants- Rocketry		865-872GRA	747.24		36	6399	
Grants- Rocketry		865-872GRA	68.91		36	6499	

3.20.17

Date:

Check # 408620306