

## City of Gardena

Date:

## Check Request

TO: Administrative Services Department - Finance Division

Please issue a chec	k in the amount of				
Vendor Number					
Pay to the order of					
Attention of					
Mailing address					
City / State / Zip					
Remarks:					
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	actual expenses ite rred in the conduct of				
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Department Ho	ead Signature	Date	Director of A	Administrative Services	Date
Department Ho		Date Date		Administrative Services	Date Date
			C		
Authorized Depar	tment Personnel	Date	C	City Manager	Date
Authorized Depar	tment Personnel	Date	C	City Manager	Date
Authorized Depar	tment Personnel	Date	C	City Manager	Date
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Authorized Depar	tment Personnel	Date	C	City Manager	Date
Authorized Depar	tment Personnel	Date	C	City Manager	Date
Authorized Depar	tment Personnel	Date	C	City Manager	Date

Total Check Request: \$ -