

LIFE MANAGEMENT CENTER FOR MH/MR SERVICES

CHECK REQUEST

PAYABLE TO: SUN CIRCLE  
7600 Franklin  
El Paso, Texas 79901

AMOUNT:\$ 2,000.00

REASON FOR CHECK ISSUANCE: (attach any supporting documents)  
 As per contract, see attached invoice for consultant services for January 2000.

PROGRAM: Center Administration #110  
 SPECIAL FUNDING (If applicable) \_\_\_\_\_  
 BUDGET ITEM: Consultant (control #PS000080000)  
 REQUESTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PROGRAM APPROVAL: [Signature] DATE: 02/03/00  
 DEPARTMENT APPROVAL: \_\_\_\_\_ DATE: \_\_\_\_\_  
 FUNDS AVAILABILITY: \_\_\_\_\_ DATE: \_\_\_\_\_

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FOR ACCOUNTING USE ONLY - PLEASE DO NOT WRITE BELOW THIS LINE

| BATCH | INVOICE NUMBER | INVOICE DATE | AMOUNT | DESCRIPTION | FUND | COST CENTER | ACCOUNT | ACCT |
|-------|----------------|--------------|--------|-------------|------|-------------|---------|------|
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CLK. O.K. \_\_\_\_\_ DATE \_\_\_\_\_  
 CHECK # \_\_\_\_\_  
 DATE PAID \_\_\_\_\_

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MAILING INSTRUCTIONS: (To include routing, dates required, registration, etc.) \_\_\_\_\_