

CHECK REQUEST*

REQUESTED BY _____ DATE _____
(PLEASE PRINT NAME)

NAME OF PAYEE _____

PURPOSE _____

ACCOUNT TO BE CHARGED _____

APPROVAL _____
(COMMITTEE CHAIRPERSON OR DESIGNATE SIGNATURE)

AMOUNT** _____

*THIS FORM IS TO BE USED FOR REIMBURSEMENT OR WHEN REQUESTING A CHECK FOR ADVANCE PAYMENT FOR GOODS OR SERVICES FOR CHURCH USE.

** ATTACH RECEIPT