

Check Request

(Payment / Reimbursement)

Date _____

Check Payable To: _____
Name of individual / Name of business Phone #

Address

City / State / Zip
Code

From Income Account: _____
Amount: \$ _____ From Expense Account: _____

Purpose: _____

Requested by: _____
Name / Date

Prepared by: _____
Name / Date

Authorized by: _____
Pastor's Signature /
Date

Original Invoice/Receipt Attached [] Yes [] No Receipt

Paid per Ck# _____ on _____ by _____