

**ST. PAUL'S EPISCOPAL CHURCH  
CHECK REQUEST FORM**

**Date:** \_\_\_\_\_

**Make check payable to:** \_\_\_\_\_

\_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Description of Expenditure:** \_\_\_\_\_  
(Include date of activity)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Amount of Check:** \_\_\_\_\_

- **Original Receipts must be attached for reimbursement.**
- **Receipts more than 60 days old will not be accepted.**

**Account Number Charged to:** \_\_\_\_\_

**Name of Account:** \_\_\_\_\_

- *Requests are due Monday morning by 8:00 a.m. and disbursed by the following Monday.*
- *Check requests will be delayed if all information is not completed.*

**Requested by:** \_\_\_\_\_ **(Phone)** \_\_\_\_\_

**Ministry Leader Approval:** \_\_\_\_\_ **(Phone)** \_\_\_\_\_

**Parish Administrator Approval:** \_\_\_\_\_

**Specific Mailing Instructions:** \_\_\_\_\_

\_\_\_\_\_