



Submitted by:		Date:	
Special instructions:			

Indicate if check is a:

Payment to vendor

Reimbursement for personal funds used (receipt(s) attached)

Check payable to:

Name:		Date needed:	
Address:		Phone:	

Paid from:

Account #:

Account name:

Amount:

Check Total:	
---------------------	--

Reason for expenditure:

Approved by:

Signature of staff/lay person

Warden / Rector / Treasurer

Date