

CHRIST CHURCH EPISCOPAL CHECK REQUEST

SUBMITTED BY		DATE	
SPECIAL INSTRUCTIONS			

INDICATE IF CHECK IS A:

	PAYMENT DIRECTLY 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	
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REASON FOR EXPENDITURE:

APPROVED BY:

SIGNATURE OF STAFF/LAY PERSON

WARDEN / RECTOR / TREASURER

DATE