

CHECK REQUEST

Check Payable to:

Name _____

Address: _____

Date Needed: _____

Purpose(s):

Charge to:

| Item | Account Name | Account Number | Amount |
|--------------|--------------|----------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| Check Total: | | | |

Was this expenditure included in the Vestry Operating Budget:

Yes No

Will this expenditure cause the approved budget line to be exceeded:

Yes No

Please add comments on the back.

Requested by: _____

Approved by: _____

Signature

_____ Date

Comments: _____
