# *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 <u>not</u> be accepted.**

**Account Number Charged to:** _____

**Name of Account:** _____

- ***Requests are due Friday morning and disbursed by the following Friday.***
- ***Check requests will be delayed if all information is not completed.***

**Requested by:** _____**(Phone)**_____

**Ministry Leader Approval:** _____

**Parish Administrator Approval:** _____

**Specific Mailing Instructions:** _____

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