

EPISCOPAL CHURCH OF THE RESURRECTION
CHECK REQUEST FORM

DATE

PAY TO

STREET ADDRESS

CITY STATE ZIP

MEMO LINE FOR CHECK: _____

PERSON COMPLETING THIS FORM: _____

DOCUMENTATION is REQUIRED. Check one of the following:

- ☐ **Reimbursement:** Attach original receipts
- ☐ **Invoice:** Attach Invoice(s) INVOICE NBR: _____
- ☐ **Other** (Explanation: _____)

APPROVAL

- ☐ **BUDGETED ITEM** OR
- ☐ **VESTRY APPROVED SPECIAL REQUEST** (meeting date: _____) OR

MINISTRY

COORDINATOR NAME

SIGNATURE

DATE

Item Description and/or Purpose	Amount
TOTAL	

Check prepared by: _____

date

Questions: email Linda Schield (bookkeeper) at: bkkpr@resurrectioneugene.org