

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