

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: Frank Koch, Treasurer, kochfg@gmail.com, 541-653-9343, 281-773-6858.