

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.