CHECK REQUEST

Requestor Information:

Name: _____   Date Requested: _____

Phone: _____

Reason for Check:

☐   Pay Vendor's open invoice

☐   Honorarium

☐   Reimbursement

Payee Information:

Make Check to: _____

Address: _____

_____

Memo Line: _____

Special Instructions: _____

Request Details:

Description	Amount	Account to be billed

Total Amount Requested:_____

Approvals:

Staff signature: _____

___ **Approved**   ___**Hold**   ___**More information needed**   **Date:**

Final Approval: _____ (Executive Pastor)