CHECK REQUEST
Church of the Savior

Please fill out form completely and attach documentation to the back of this request and place into your commission chair person's box for approval.

Date _____

Person requesting check: _____ Phone _____

Pay to: _____

Address: _____

City, State, Zip: _____

Amount requested: $_____

Purchase date: _____

Purpose of request: _____

_____

Check should be:
__ Mailed to "Pay to"
__ Placed in my box
__ Other _____

APPROVAL DATE _____

BUDGET LINE ITEM: _____

COMMISSION: _____ **Treasure's approval** _____

CHAIR (print) _____ (sign) _____

FOR OFFICE USE ONLY: DATE ISSUED: _____

AMOUNT OF CHECK: $_____ CHECK NUMBER # _____

ACCOUNT NUMBER & NAME _____

Revised date: 1/02 MP checkrequest