



Date: _____

MAKE CHECK PAYABLE TO

Name _____
Street _____

City/State/Zip _____

Amount _____ Account _____

Description

Is this payment to come from a special fund?

If Yes: Minister's Discretionary Fund Memorial Other _____

Date Check Needed _____

Requested By

Approved By

Print Name

Print Name

Forward Check to: _____

REMARKS *Information Only*

ACCOUNTS PAYABLE

REC'D	ENT'D	PAID
ACCT#		

INVESTMENT COMMITTEE *if reimbursement is necessary*

REC'D	ENT'D	PAID
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PLEASE ALLOW 2 WEEKS FOR CHECK REQUESTS TO BE PROCESSED.