



Date: _____

MAKE CHECK PAYABLE TO

Name _____
 Street _____

 City/State/Zip _____
 Amount _____ Account _____
 Description

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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 <i>Information Only</i>	

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.