

CHECK REQUEST

Submit this form to the authorizing person for signature.

Today's Date: _____

Amount: _____

Make check payable to (include address)

You MUST INCLUDE A RECEIPT in order to receive a check reimbursement. Briefly list the items or services purchased:

Charge the following account(s):

| Acct # | Group | \$Amount |
|--------|-------|----------|
|--------|-------|----------|

Requestor's Name: _____

Address: _____

Distribution of check (indicate below)

- Mail to address listed above
- Call this number when check is ready to pick up: _____
- Leave in mail box
- Other

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Authorizing signature (Council Partner or Staff Overseeing Resource or Ministry Area) required:

Checks are written on the 1st and 3rd Mondays of the month. Forms must be submitted by the prior Wednesday to the bookkeeper's box or via email. **Incomplete requests will be returned for signature and checks may be delayed.**