

CHECK REQUEST

For reimbursement of personal expenses for approved church activities, **DO NOT** use this form. Please complete and Expense Reimbursement Form.

If you are submitting this form and back-up documents by email, send to: Office at office@trinity-pres.org

Complete all areas, incomplete areas it will delay the process.

Date: _____

Vendor/Payee: _____

Attn: _____

Address: _____

City, ST, Zip Code: _____

Check Amount: \$_____

Account to be charged: **(Specify budget code # to be charged or request assistance from the Treasurer or Office Manager)**

Reason for Request **(Attach back-up documentation if applicable):**

Requested By: _____

Place an "x" next to service:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

Mail to Payee

Place in Mail Slot, if so which one _____

Hold for pick up

Approved By (Signature): _____ Print Name: _____

The elder, ministry leader or staff member in charge of your ministry's budget may approve your request.

If you are an elder, ministry leader or staff member, please ask the Treasurer or Office Manager to co-sign your request.

An approval through email correspondence is accepted during Covid (office closure). Include the email with this form.