

# 2021 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](mailto: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 checked="" type="checkbox"/>	Mail to Payee
<input type="checkbox"/>	Place in Mail Slot, if so which one _____
<input type="checkbox"/>	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.