

### Check Request Form

*Attach receipt/invoice to this form and place them in the Treasurer mailbox in the church office*

Date of request: \_\_\_\_\_ Person requesting payment: \_\_\_\_\_

Amount: \_\_\_\_\_ Invoice date: \_\_\_\_\_ Invoice due date: \_\_\_\_\_

Check payable to: \_\_\_\_\_

Address (Street, City & Zip): \_\_\_\_\_

Payable from Account Name: \_\_\_\_\_

Additional notes or comments: \_\_\_\_\_

**Approved for payment by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\_\_\_\_ Mail check      \_\_\_\_ Pick up check

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Date received: \_\_\_\_\_

Date paid: \_\_\_\_\_

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