

Administrative Personnel Association



Check Request Form

Check Payable to: _____

Mailing Address: _____
Street City State Zip

Description of Expense(s)	Invoice #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
	TOTAL	_____

To be drawn from the following area of the budget _____

Signature of person requesting check Request Date

Signature of person authorizing payment Check # Check Date

Please send request with attached receipts/invoices to:

Susan Carpenter, APA Treasurer
Presbytery of Tropical Florida
1919 SE 5th Street
Deerfield Beach FL 33441

Remember to attach receipts and/or invoices.

Additional Comments: _____
