

**CHECK REQUEST FORM 2008**

Date: \_\_\_\_\_ Amount of Check requested: \$ \_\_\_\_\_

To: Treasurer From: \_\_\_\_\_  
(Print name)

Please issue a check as follows (\* Required Information):

\* Payee: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* City, State, Zip \_\_\_\_\_

\* Phone Number \_\_\_\_\_

This check is for payment/advance/reimbursement: \_\_\_\_\_

**This expense should be charged to the following fund:**

<u>\$ Amount</u>	<u>Expense:</u>	<u>Signature required:</u>
_____	Acolyte/L.E.M. vestments	Harold Hotelling (Worship)
_____	Adult Education	JCS
_____	Altar Guild	Alice Brandon
_____	Bulletins & Printing	Cathy Hoffman (Worship)
_____	Caring Ministries	Nancy Papet
_____	Church School Youth	PM M. Spates, Anne Mortensen, K. Fuhr (YACYM)
_____	Communications	Ronny Karlsson
_____	Computer Replacement	Geoff Walter Paul Hardy
_____	Discretionary	JCS MD
_____	Education (clergy)	JCS MD
_____	Hospitality	Steve Fragnoli, Diane Kenefic?
_____	Library	Ronny Karlsson (Info & Communication)
_____	Maintenance	Bob Bagnall, Miranda Spates (Bldg/Grds)
_____	Medical Reimbursement (clergy)	JCS MD
_____	Membership Development	Judy McQuiston, Joan Morgan
_____	Memorial Gardens	Anne Miller Miranda Spates (Bldg/Grds)
_____	Music	Connie Jose
_____	Office Supplies	Cathy Hoffman
_____	Outreach	Cheryl Davenport, Carol Hyland
_____	Postage	Cathy Hoffman
_____	Professional Reimbursement	JCS MD
_____	Religious Supplies (clergy)	JCS MD
_____	Supply Clergy	JCS MD Steve Fragnoli
_____	Theological Education Support	JCS MD
_____	Vestry/Conv. Delegate Expense	JCS
_____	Other Explain:	

Receipt is attached or explanation for no receipt is: \_\_\_\_\_

\* Signature of Chairperson of Fund charged: \_\_\_\_\_

*Place in Treasurer's mailbox after signing*

- A designated person listed for signature MUST sign this request (or you must write a note saying you got their approval) before incurring the expense and payment can be made.