

Episcopal Church of the Ascension Check Request Form

- CHECK REQUEST FOR VENDOR/SUPPLIER
or
 CHECK REQUEST FOR REIMBURSEMENT OF EXPENSES

Please issue a check in the amount of:

Payable to: _____

Address: _____

Phone: _____

DETAILS OF EXPENSE

*Charge to Account #	Reason Expense Incurred	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total (must agree with amount requested above)		_____

*Account #s to be determined by Area Leader. Attach documentation and/or receipts BEHIND this form. Check with Suzanne Sweazy for correct account allocation if there are questions.

Submit this form to appropriate Area Leader for approval. (See back of form for list of Area Leaders.)
SUBMIT TO OPERATIONS MANAGER FOR PAYMENT AFTER APPROVAL

Requested By: _____
Your Signature Date

Approved By: _____
Area Leader Signature Date

Signed check to be:
 Mailed _____ Put in Office Mail Slot _____ Given to Staff _____