

**CHECK REQUEST FORM 2016**

Revised 8/19/2016

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 of: \_\_\_\_\_

**SIGNATURE OF SUBMITTER:**This expense should be charged to the following fund:

<u>\$ Amount</u>	<u>Expense:</u>	<u>Signature required:</u>
	Acolyte/L.E.M. vestments	Warden, Susan
	Adult Faith	Warden, Susan, Norma Ross
	Altar Guild	Alice Brandon, Kathy Sebrowski, Cathy Hoffman
	Bulletins & Printing	Cathy Hoffman, Warden
	Pastoral Care	Warden, Susan, Katy Allen
	Church School Youth	Ken Fuhr, Paul Hardy
	Communications	Warden, Susan
	Computer Replacement	Warden, Susan
	Discretionary	Warden, Sandy Jose
	Education (Clergy)	Warden, Susan
	Hospitality	Alice Moss, Susan
	Library	Warden, Susan
	Maintenance	Warden, Susan, Roy Waters
	Medical Reimbursement (Clergy)	Warden, Susan
	Member Development	Warden, Susan, Kathy DeCiantis
	Memorial Gardens	Warden, Susan
	Music	Warden, Susan
	Office Supplies	Cathy Hoffman
	Outreach	Margie Armstrong
	Postage	Cathy Hoffman
	Professional Reimbursement	Warden, Susan
	Religious Supplies	Warden, Susan
	Supply Clergy	Warden, Susan
	Theological Education Support	Warden, Susan
	Vestry/Convention Delegate Exp.	Warden, Susan
	Household of God/Stewardship	Warden, Susan
	Worship	Richard Kenefic, Susan
	<u>Other</u>	<u>Explain:</u>

**ATTACH RECEIPT – if no receipt explain why there is no receipt:** \_\_\_\_\_**\* Authorized Signature & Date Approved:** \_\_\_\_\_(\*\* see BACK for additional required signatures)**\* Warden's SECOND Signature REQUIRED for Checks \$1000.00 or over** \_\_\_\_\_**Place in Treasurer's mailbox obtaining authorized signature(s) & attaching receipt(s).****Jim Trask, Treasurer****Cathy Hoffman, Assistant Treasurer****Don Ingersoll, Sr. Warden****Silvia Karlsson, Jr. Warden**