

Fayetteville Church, Inc.

CHECK REQUEST FORM

Check Requested By: _____

Check Payable To (if different from above): _____

Street Address: _____

City, State, Zip Code: _____ Telephone: _____

Date of Request: _____

Date Needed: _____

Are all receipts attached? Yes No If no, please explain. _____

Explanation of Payment (one category per line):

Subtotal:

Expense Code (Office Use Only)			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

Total \$ _____

Date Paid: _____

Check Number: _____

Initials: _____

For Office Use Only

Invoice Number: _____

Period to Post: _____

Account	Cost Center	Amount

Office Approval: _____