

Trinity Episcopal Church Check Request

Date:	
Check One: <input type="checkbox"/> Reimbursement Request. Date needed by: _____ <input type="checkbox"/> Vendor Invoice: Attached <input type="checkbox"/> Check Advance: Invoice or receipts to follow	Check One: <input type="checkbox"/> Pick up at Church Office <input type="checkbox"/> Place in _____ mail box <input type="checkbox"/> Mail to vendor
Vendor Information:	Ministry Approval: Must be approved by Ministry Chairperson
Payable to:	Ministry Chairperson's Signature:
Address:	Print Name of Ministry Chairperson:
Phone Number:	Check requested by: (Please print)

Ministry	Expense Code	Description of Purchase	Amount
Special Instructions:			Total: