

# CHECK REQUEST FORM

All Souls Episcopal Church, Arlington, TX

Date: \_\_\_\_\_

## REQUESTER:

Make check payable to Full Name and Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Check: \_\_\_\_\_ Budget Code: \_\_\_\_\_

Budget Area to be charged (Title): \_\_\_\_\_

What is this for: \_\_\_\_\_

Is this a reimbursement: Yes  No

What to do with the check: Mail to Vendor? Yes  No

Any Attachments: Yes  No

Deliver to Requester: Yes  No  How? \_\_\_\_\_

Requested By (please print): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please attach all original receipts, plus any attachments or payment envelopes.***

REQUESTER SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

## BUDGET AREA OVERSEER

This request is in keeping with the budget area of which I have oversight and has been reviewed by me: If it exceeds \$500, 2 signatures are required.

\_\_\_\_\_  
Signature Date

***(If the payment is to be made directly to the Budget Area Overseer, an Alternate signature is required, either the Priest in Charge or the Senior Warden)***

~Send to treasurer if not signed by Senior Warden

Checks will be issued after this form and receipts have been received.

## TREASURER

This request is complete, with attached receipts if needed. Finances are available to cover this request.

\_\_\_\_\_  
Signature Date