

Church of the Resurrection

Check Request Form

Date _____

Pay to: _____

Street Address

City, State, Zip

Memo Line for Check: _____

Approval (Check one of the following):

Budgeted Expenditure

Restricted Fund Expenditure

Vestry Approved Special Request

Account Name & Number _____

Current Balance in that account* _____ (Check amount must be less than or equal to the current balance)

Ministry

Coordinator's Name

Coordinator's Signature

Date

Required Documentation for the Expenditure (Check one of the following):

Reimbursement (Attach original receipts)

Invoice (Attach Invoice)

Invoice Number _____

Other

Explanation:

Item Description and or Purpose	Amount

Check request prepared by: _____

Name

Signature

Date

Questions? Contact Frank Koch, Treasurer at kochfg@gmail.com, (cell phone) 281-773-6858

*From most recent CoR Treasurer's Report/Balance Sheet (Online)