



# Church of the Holy Apostles

## Check Request Form

Payee: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_

**Policy:**

To have adequate support for check requests and an accurate basis for recording expenses in the financial statements.

**Procedure:**

- (1) Expense Reimbursements: Record each receipt under the item number, give a description of the expense, account number to be charged and add the amount in the total column.
- (2) Vendor Payment: Record the vendor name as the Payee above and give a description of the expense, the account to charge and add the amount in the total column.
- (3) Attach all receipts or vendor documentation to this summary.
- (4) Have ministry coordinator or staff member over the ministry approve and submit to bookkeeper for payment.

| Item # | Description of Expense | Account | Total |
|--------|------------------------|---------|-------|
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Requested by: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
Additional information: \_\_\_\_\_

| Once check is processed |
|-------------------------|
| Return check: _____     |
| Hold check: _____       |
| Mail check: _____       |