ST. MARK'S EPISCOPAL CHURCH
CHECK REQUEST

PLEASE REQUEST AT LEAST ONE WEEK IN ADVANCE

Description of Expense for Payment (attach invoice)

DATE: _____

PAYEE: _____

EXPLANATION: _____

CHECK AMOUNT: $ _____

ACCOUNT NUMBER: _____

VENDOR'S NAME (PRINT): _____

Address: _____

Phone Number: _____

Signature: _____

DATE: _____

APPROVED BY: _____
(Rector, Senior Warden, Vestry Liaison, Treasurer, or Ministry Leader)