

**ST. PAUL'S U.C.C.
CHECK/REIMBURSEMENT REQUEST**

Make Check Payable To: _____

Address _____

Committee Requesting Check: _____

Charge to Budget Acct. & Code #: _____

Amount Requested _____

Reason for Request _____

Date Due _____

Was this included in the Budget _____ Yes _____ No (complete following line)

If No, Date approved by Consistory _____

Requestors Name / Date _____

Requestor's Signature _____

Please complete and forward to Cheryl Zeigler, Treasurer. Attach **Purchase Request** form and all receipts or invoices.

Checks are prepared on a weekly basis.
Requests must be in the church office by noon on Wednesday
for the check to be ready by Friday of that week.
Please allow enough time for your check to be processed.

- **If you do not have a purchase request form attached to this, your check may not be ready in the same week as requested.**