

GRACE EPISCOPAL CHURCH -- CHECK REQUEST FORM

- Vendor Invoice (Mail check to payee)
- Reimbursement (Mail check to payee)
- In-kind donation (Record tax deductible contribution in Breeze)
- Hand deliver check to: _____

Today's Date (Submission Date) _____

Vendor/Payee _____
 (If New Commercial Payee or Vendor You Must Attach Completed W-9 Form)

Invoice Number _____

Address _____

Due Date _____

Total Due _____

To ensure timely processing of requests please include a budget account (from list on back) and explanation of all charges. Reimbursement requests must include copies of receipts verifying personal payment of charges.

Budget Acct. #	Account Name	Amount	EXPLANATION OF EXPENSE
	CHECK DUE	\$	

Approval _____ Date _____

(Approved by Either: Rector, Assistant Rector, Director of Operations, Music Director or Vestry Point Person see back page.)

<u>Completed by Finance and Office:</u>	
Entered into QBO/Check Date _____	Returned to Office for Signing _____

Check Request Form