

Trinity Episcopal Church Check Request

Date:			
Check One: ___ Reimbursement Request. Date needed by: _____ ___ Vendor Invoice: Attached ___ Check Advance: Invoice or receipts to follow		Check One: ___ Pick up at Church Office ___ Place in _____ mailbox ___ Mail to vendor	
Vendor Information:		Ministry Approval: Must be approved by Ministry Chairperson	
Payable to:		Ministry Chairperson's Signature:	
Address:		Print Name of Ministry Chairperson:	
Phone Number:		Check requested by: (Please print)	
Ministry	Expense Code	Description of Purchase	Amount
Special Instructions:		Total:	