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## **CHECK REQUEST**

Attach Receipts to Form

Make check payable to:			
Name: Phone Number:			
Mailing Address			
Ordered by Staff Member:			N/A 🗖
Store/Vendor Name	Descriptionn of Purchase		Receipt Amount
		Total Amount	
*All check requests must be approved by one of the pastors, Office Administrator, chairman of Finance, or chairman of Trustees.  Approved by:*			
Charge to Ministry/Fund Acct.:			