

**SANDIA PRESBYTERIAN CHURCH
REQUEST FOR CHECK**

Pay To: _____

**Please note: Checks are mailed
7 to 10 days after the request has
been approved.**

Reason for Expenditure:

Check Amount: \$ _____

Requested by: _____ **Date:** _____

Approved by: _____ **Date:** _____

Approved by: _____ **Date:** _____

This form is to be used to request and authorize all payments. Attach vendor invoice(s), cash register receipt(s) or other official documentation that verifies reimbursement or expense. No checks will be issued without proper approval and/or receipts. **NOTE: Approval cannot be the same as the requesting person.**

ACCOUNT DISTRIBUTION:

Dept.	Account Number	Project	Amount

