

BUFFALO CHURCH OF CHRIST

CHECK REQUEST FORM

Date to be Paid : _____

Payable To : _____

Address : _____

Phone : _____

Amount : _____

Date Submitted : _____

Date Needed : _____

<i>Amount</i>	<i>Date</i>	<i>Purpose of check (be specific)</i>	<i>Acct</i>	<i>Sub-Acct.</i>
				n/a
				n/a

Zone : _____ Buffalo _____

Tax Payer ID # : _____

All receipts attached ? YES

NO

If no, explain : _____

Requested by : _____

Approval (by Sector Leader) : _____

.....
For Office Use Only

Reference Number : _____ n/a _____

Approval : _____

Period Entered : _____

Date Paid : _____

Invoice Number : _____

Check # : _____

Invoice Date : _____

File Under : _____