

# Check Request Form

St. Alban's Episcopal Church USA, Arlington, Texas

Date: \_\_\_\_\_

## REQUESTOR

Make Check Payable to (Full Name and Address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of Check: \$ \_\_\_\_\_ Budget Area to be charged (Title): \_\_\_\_\_

What is this for? \_\_\_\_\_ Budget Code: \_\_\_\_\_

Is this a reimbursement?  Yes  No

What to do with the check?  Mail to vendor Any attachments?  Yes  No

Deliver to requestor How? \_\_\_\_\_

Requested by (Please Print):

\_\_\_\_\_  
E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Please attach all original receipts, plus any attachments or payment envelopes.**

REQUESTOR: \_\_\_\_\_ / \_\_\_\_\_  
Signature Date

⇒ **Send to Budget Area Overseer.** (see page two)

## BUDGET AREA OVERSEER

This request is in keeping with the budget area of which I have oversight and has been reviewed by me. If it exceeds \$500, 2 signatures will be required on check.

\_\_\_\_\_  
Signature Date

*(If the payment is to be made directly to the Budget Area Overseer, an Alternate signature is required, either the Priest in Charge or the Senior Warden.)*

⇒ **Send to treasurer if not signed by Senior Warden.**

Checks will be issued after this form and receipts have been received

## TREASURER

This request is complete, with attached receipts if needed. Finances are available to cover this request.

\_\_\_\_\_  
Signature Date