

**Trinity Episcopal Church
CHECK REQUEST FORM**

Date of Request:

Area of Ministry:

Expenses:

Description	Amount
Total	

MAKE CHECK PAYABLE TO:

Name:

Address:

City, State Zip:

AUTHORIZED BY: _____

Office Use Only: ___ Operating ___ Restricted ___ Discretionary

Charge to Budget Line _____ \$ _____

Sub Account & Amount _____ \$ _____

Sub Account & Amount _____ \$ _____

Sub Account & Amount _____ \$ _____

Date Check Issued: _____ Check # _____ Amount \$ _____