

# CrossWay Church Check Request Form

Payable to: \_\_\_\_\_ Invoice Date: \_\_\_\_\_ Invoice #: \_\_\_\_\_

Person submitting request: \_\_\_\_\_ (return check to me ) Authorization: \_\_\_\_\_

**If amount taken out of budget is over \$500: Treasurer Authorization \_\_\_\_\_ Sr. Pastor Authorization \_\_\_\_\_**

Where should check be sent (if different from above): \_\_\_\_\_

Account to be charged :	Explanation of Expense:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	<b>TOTAL</b>	<b>\$ _____</b>

**PLEASE STAPLE ALL RECEIPTS/INVOICES TO THIS FORM**

For Treasurer's Use Only

Date Paid: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Comments: \_\_\_\_\_

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