

WARE EPISCOPAL CHURCH

Check Request Form

Pay to: _____

Address: _____

Phone/Email (if we need to contact you with questions): _____

Pick up check in person: _____

Mail check to address listed above: _____

TOTAL Amount Requested: _____

Description of expenses/reason for expenses & Account: _____

Submitted By: _____

Print, Sign, Date : _____

Treasurer Sign Off

Endorsed by Ministry Leader (if applicable)

Print Sign Date

Approved by Rector:

Sign Date

Please complete this form and return it to the parish office for processing

For Parish Office Use

Date Processed: _____ Date Check Signed: _____ Check #: _____

Check Signer Initials: _____ Distributed: Date mailed: _____ Date Picked Up: _____

In-Person pick-up: Name (print: _____ Signature: _____

Instructions for Check Request Form

Please use the form on the reverse side to request reimbursement from Ware Episcopal Church for items purchased for the mission and ministry of the church.

1. Please provide your full name and mailing address, also your phone and/or email for contact purposes.
2. Note whether you wish the check to be mailed to you or if you will pick it up from the office.
 - a. The Parish office is open Monday through Thursday from 10:00 a.m. till 2:00 p.m.
3. Note the total amount requested.
4. Provide a brief description for each receipt, the appropriate budget line item, and the amount to be subtracted from noted line item.
5. If you are the ministry lead for your given area, please sign the submitted by section. If you are not the ministry lead, please sign your name and have your ministry lead endorse your request.
6. Return the Request to the Parish Office for approval by the rector who will then pass the request to the Parish Administrator for Processing.
7. You will be contacted when your check is ready for pick up, or it will be mailed directly to you.
8. If you pick up your check, you will need to sign that you collected the check.

Thank You

Check Request Form, Rev 8/19