

**Edgewood Presbyterian Church
Check Request Form**

Date of Request: _____

Person Making Request _____

Payable To: _____

Address: _____

Address: _____

City, State, Zip _____

Description of Request

<u>Budget Account No.</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
Total Amount Paid	_____

Mail or Deliver to: _____

Session Member Approval
If less than \$500 _____

Treasurer Approval
If greater than \$500 _____

Stewardship Approval
If greater than \$1,000 _____

For Financial Use Only

Date Paid _____
Check Number _____
Amount Paid _____

Donor Acknowledgement

Date Paid _____
Check Number _____
Amount Paid _____