

# FLINT RIVER PRESBYTERY CHECK REQUEST

Date of Request: \_\_\_\_\_ Amount: \_\_\_\_\_

Check to be Issued to: Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Reason for Check: \_\_\_\_\_

Additional Comments/Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Budget Line Item:** \_\_\_\_\_

Commission/Committee/Person Requesting Check: \_\_\_\_\_

*(If Commission/Committee, attach copy of the Minutes approving request)*

*(If person, attach receipts)*

Authorized/Approval Signature: \_\_\_\_\_

*(If Commission/Committee request, should be Moderator, Vice Moderator, or Secretary/Recorder)*

Check Number: \_\_\_\_\_

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