

Faith Community Church
Check Request Form

Date: _____

Make check payable to: _____

Amount of check: _____

Date needed: _____

Description of expenses: _____

Requested by: _____

Delivery options:

_____ Please bring check to me at church

_____ Please mail check to the following name and address:

_____ Other: _____

For reimbursements, please attach receipts to this form.

Please give request to Melinda Fogle (you may put the form in her mail slot in the church office).

Date paid: _____ Check # _____