

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).

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Date paid: \_\_\_\_\_ Check # \_\_\_\_\_