

Memorial A.M.E. Zion Church
549 Clarissa Street ● Rochester, NY 14608

Check Request Form

This form is to be completed for purchases, reimbursements or budget requests and returned to the church office at least 14 days prior to the date that the check is needed. Please attach any sales slips, receipts or invoices.

Date: _____

Due Date: _____

Check One: **Purchase** **Reimbursement** **Budget Request**

Check Request Explanation: _____

Amount: \$ _____

Mail Check **Will Pick-Up Check** **Debit/Credit** **EFT/ACH**

Make Check Payable to:

Name: _____

Address: _____

City/State/Zip: _____

Requested by: _____

DO NOT WRITE BELOW THIS LINE (FOR OFFICE USE ONLY)

Account Charged: _____

Check No. _____

Date: _____

APPROVAL SIGNATURES:

Treasurer: _____ **Date:** _____

Other Officer: _____ **Date:** _____