

CHECK REQUEST FORM 2020

Date: _____ Amount of Check requested: \$ _____

From: _____
(Print name)

Please issue a check as follows (* Required Information):

* Payee: _____

* Address: _____

* City, State, Zip _____

* Phone Number _____

This check is for payment/advance/reimbursement of: _____

SIGNATURE OF SUBMITTER: X

This expense should be charged to the following fund:

<u>\$ Amount</u>	<u>Expense:</u>	<u>Signature required:</u>
_____	Acolyte/L.E.M. vestments	Jim Carnagie, Roy Waters
_____	Adult Faith	Ken Fuhr
_____	Altar Guild	Alice Moss
_____	Bulletins & Printing	Ami O'Neill
_____	Pastoral Care	Miranda Spates
_____	Communications & New Members	Alan Giles/Karol Sprague
_____	Discretionary	Phil Pierce, Rector/Priest
_____	Education (Clergy)	Warden, Rector/Priest
_____	Hospitality/Kitchen	Corinne Fragnoli
_____	Maintenance/Buildings & Grnds	David Eldon, Justin Wojas
_____	Medical Reimbursement (Clergy)	Philip Pierce, Rector/Priest
_____	Music	Sue Gore
_____	Office Supplies	Ami O'Neill
_____	Outreach	Kathy DeCiantis
_____	Postage	Ami O'Neill
_____	Professional Reimbursement	Rector/Priest
_____	Religious Supplies	Alice Moss, Ami O'Neill
_____	Supply Clergy	Warden, Ami O'Neill, Rector/Priest
_____	Theological Education Support	Warden, Rector/Priest
_____	Vestry/Convention Delegate Exp.	Warden, Rector/Priest
_____	Stewardship	Patrick Wojas
_____	Worship	Sr. Warden, Rector/Priest
_____	YACYM	Jackie Ingersoll, Rector/Priest
_____	<u>Other</u>	<u>Explain:</u>

ATTACH RECEIPT – if no receipt explain why there is no receipt: _____

* Vestry Liaison Authorized Signature & Date Approved: X _____

(* see BACK for additional required signatures)

*Warden's SECOND Signature REQUIRED for Checks \$1000.00 or over _____

Place this form in Bookkeeper's mailbox after first obtaining authorized signature, attaching receipt & completing address & phone #.

Philip Pierce, Treasurer
Dave Stein, Sr. Warden

Pam Bonkowski, Bookkeeper
Ken Fuhr, Jr. Warden