

Check Request

University Presbyterian Church

2562 Rouse Road – Orlando, FL 32817

Purpose: To request payment to a third party.

If you need to be reimbursed for expenses already incurred, please use a Reimbursement Form.

Requested by:	_____	Date:	_____
Ministry Account:	_____	Amount:	_____
Payable to:	_____		
	Address: _____		
	City: _____	State: _____	Zip: _____
Purpose of Check:	_____		
	Date Required: _____	Mail Check	<input type="checkbox"/> Yes <input type="checkbox"/> No*
	* If no, where does this check go?		

Other details or instructions:

Signature _____

Date _____

Approved by: _____

Date _____

Your Team Leader Must Approve