

Louisville Church of Christ

CHECK REQUEST FORM

Make Check Payable to: _____

Address to be mailed to: _____

Phone Number: _____

Amount: _____

Purpose of Check (Be specific- Complete all applicable information)

Receipts Attached: Yes No If no explain why not _____

Requestor: _____ Date _____

Approved by: _____ Date _____

(Over \$500.00 requires Board approval)

Accounting Only

GL Account	Amount	Entered Date	Entered By
_____	_____	_____	_____
_____	_____		
_____	_____		
TOTAL	_____		