

CHECK REQUEST



St. John the Evangelist Episcopal Church

Today's Date: _____

Pay to: _____

Date check is needed: _____

___ This vendor is subject to 1099 reporting ___ IRS form W-9 is attached

Checks will be mailed unless requested otherwise in the "Notes" section below.

Notes: _____

TOTAL AMOUNT REQUESTED: \$ _____

RECEIPTS SHOULD BE ATTACHED.

PLEASE INDICATE THE AMOUNT AND EXPENSE ACCOUNT THIS REQUEST IS CHARGED TO:

Adult Education

_____ Programs

Children, Youth, & Family

_____ Nursery/Child Care

_____ Curriculum Development

_____ Program

_____ Staff Development

Faith In Action

_____ Hunger Relief

_____ Episcopal Homes/Service

_____ Housing

_____ Community Cont.

_____ Huge Sale & Auctions

_____ Anglican Partnerships

_____ Support Supplies

_____ Hearts to Homes

Ministry Support

_____ Auto

_____ Altar

_____ Programs & Courses

Music

_____ Instrumentalists

_____ Section Leaders

_____ Substitute Organist

_____ New Music & Supplies

_____ Maintenance of Instruments

_____ Bell Choir

_____ Children's Choir

_____ Staff Development

Operational

_____ Audit & Accounting

_____ Equipment / MIS

_____ Operating Lease

_____ Utilities

_____ Church Insurance

_____ Office

_____ Repair & Maintenance

_____ Telephone

_____ Services

_____ Street Assessments

_____ Supplies (not office)

_____ Contingency

Parish Programs

_____ Fellowship

_____ Stewardship

_____ Safe Church

_____ Membership

_____ Pastoral Care

_____ Communication

_____ Spiritual Life

The following costs

are to be expensed

from funds (balance sheet)

_____ Capital Improvement

_____ Youth Mission Trip

_____ Rector's Discretionary

_____ Hearts to Homes (Fund)

_____ Organ Fund

_____ Evensong (W Bean)

_____ Memorial

_____ Gathering 2016

_____ MDF / Kayoro Clinic

_____ Restricted Outreach

_____ Compline (J. Graham)

_____ Refugee Ministry

_____ Fund (_____)

Requested by: _____

signature

print name

phone number

Approved by: _____

signature

print name

phone number