

# CHECK REQUEST FORM

## Seattle Church of Christ

Make Check

Payable to: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount \_\_\_\_\_

Business or Ministry Purpose of Check:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Receipts Attached:    YES     NO     If not, please explain:  
\_\_\_\_\_

Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**Please Mail To:**

Seattle Church of Christ

PO Box 3647

Everett, WA 98213

(425) 407-0582

(425) 407-0583 (Fax)

### Accounting Use Only

Invoice: \_\_\_\_\_

Date: \_\_\_\_\_

Vendor: \_\_\_\_\_

Account: \_\_\_\_\_

Sub/Class: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved: \_\_\_\_\_