

**CHECK REQUEST**

DATE / /
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PAYEE \_\_\_\_\_  
PAYEE ADDRESS \_\_\_\_\_  
(IF REQUIRED) \_\_\_\_\_

AMOUNT
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PAYEE REFERENCE # \_\_\_\_\_

DESCRIPTION: 

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DEPARTMENT/CLUB/MINISTRY NAME \_\_\_\_\_

CHECK REQUESTED BY: \_\_\_\_\_

DEPARTMENT APPROVAL \_\_\_\_\_

CO-APPROVAL \_\_\_\_\_

RAYMOND STURZ

PLEASE ATTACH RECEIPTS