

Please attach Invoice or Receipt
(Or copy) here

Pilgrim Congregational Church

Check Request Form

AMOUNT: \$ _____

DATE: _____

PAYEE: _____

ADDRESS: _____

CITY, ST, ZIP _____

Explanation:	Item(s)	For
	_____	_____
	_____	_____

Charge to: _____
(Account)

Requested by: _____ Title: _____

Approved by: _____ Date: _____
Meeting date: _____

(Expense under \$200, Board Chair signs)
(Expense over \$200 requires Board approval, Chair signs, list meeting date)
(Expense over \$1,000 requires approval of Board of Trustees, Chair signs, list meeting date)
(For payroll, supervisor signs)
Staff members sign for expenses. No Chair signature required.

(For Treasurer use only)

PAID: Check # _____ Date _____

Account # _____

By: _____

Reported to Board:
Name _____ Date: _____