

First Evangelical Free Church
CHECK/PAYMENT REQUEST FORM
(Must be approved by responsible ministry leader)

Date Submitted: _____

Payment Amount: \$ _____
(Attach bills, receipts, etc.)

To (Name/Vendor): _____

Delivery instructions if not to be mailed:

Address: _____

Project Name: _____

Account Number	Amount	Who	What	Why

Payment Requested by: _____

Payment Authorized by: _____

(Department Supervisor)