

2017 Community United Presbyterian Church Request for Check

Date _____

Payable to _____

Address _____

City, State, Zip _____

Requestor _____

Explanation _____

Approved By _____

Mail to payee _____ **Return to requestor** _____ **Date Needed** _____

Total Amount of Check _____

Please return this form to the box marked 'Treasurer' with receipts or other documentation

Approvers - Please refer to 2017 Budget for details to each line item.

Committee Budget/Line item (check all that apply)

Christian Education	Amount	Mission	Amount	Property & Finance	Amount	Worship & Administration	Amount
<input type="checkbox"/> Background Checks	_____	<input type="checkbox"/> General Missions	_____	<input type="checkbox"/> Building & Grounds	_____	<input type="checkbox"/> Delegate to Presbytery	_____
<input type="checkbox"/> Bible School/VBS	_____	<input type="checkbox"/> Local Missions	_____	<input type="checkbox"/> Building Technologies	_____	<input type="checkbox"/> Office Supplies	_____
<input type="checkbox"/> Christmas Pageant	_____	<input type="checkbox"/> Outreach	_____	<input type="checkbox"/> Church Supplies	_____	<input type="checkbox"/> Session Expenses	_____
<input type="checkbox"/> Sunday School/Children's Church	_____	<input type="checkbox"/> Pastor's Discretionary Fund	_____	<input type="checkbox"/> Insurance	_____	<input type="checkbox"/> Special Ministries	_____
<input type="checkbox"/> Youth Mission	_____	<input type="checkbox"/> Presbytery Support	_____	<input type="checkbox"/> Janitorial Supplies	_____	<input type="checkbox"/> Supply Pastor	_____
JAM ACCOUNT	_____	<input type="checkbox"/> Sr. Citizens Thanks Dinner/Enter	_____	ELEVATOR ACCOUNT	_____	<input type="checkbox"/> Website	_____
BRACY H HAMMOND ACCT	_____	Personnel	Amount			<input type="checkbox"/> Worship Expenses	_____
		<input type="checkbox"/> Pastor-Auto	_____				
		<input type="checkbox"/> Pastor-Continuing Education	_____				

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