

Check Request Form

Date of Request:	
Amount Requested:	
Check Payable to:	

Routing instructions:

Email me when the check is ready, and I will arrange to pick it up from you.

Text me when the check is ready, and I will arrange to pick it up from you.

\Box Pay vendor directly. \Box	Please mail check to me.
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□ Other: _____

(Provide email, cell phone or mailing address if not already known)

Description of Goods/Services: *Attach receipt, statement or invoice as appropriate.*

Ministry team and budget line items(s) to be charged:

Budget or fund		Amount	
Signature:	Date:		
You may email your check requ agathje@restorationrva.org or l concerns email the above addre	hand deliver to our offic	locumentation to e. If you have any questions or	
For Office Use Only			
Approval By:	Dat	e:	
Date Paid	Check #		