CHECK REQUEST

CORNERSTONE
CHURCH OF SKIPPACK

Date: _____

Check Recipient
Name: _____

Address: _____

_____

Phone: _____

☐ Return Check to Requester
☐ Mail Check

PAYMENT INFORMATION

Reason for Check and Information	Amount
Total Check Amount:	$

Requested by: _____

Ministry: _____

Date Check is Needed: _____

Internal Use:

Approved by: _____

Date: _____

CK#: _____

Notes: _____

_____