

**First Evangelical Free Church
CHECK/PAYMENT REQUEST FORM**

(Must be approved by responsible ministry leader.)

Date submitted: _____

Payment amount: \$ _____
(Attach bills, receipts)

Requested payment date: _____

Delivery instructions if not to be mailed:

To (Name/Vendor): _____

Address: _____

Other instructions/notes:

Description: _____

Account to be expensed: _____

Project name(if any): _____

Payment requested by (Name): _____

Payment authorized by (Name): _____
(Required if payment is reimbursement to requestor or exceeds authorization limits.)

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