

CHECK REQUEST FORM

North Decatur Presbyterian Church

Date Requested _____

Payment Details

To the Order of _____

Give to Person Requesting Check ___ or Mail to Payee ___ (complete address needed)

Address _____

City, State, ZIP _____

Is W-9 on file (not required for personal reimbursement)?: _____

W-9 form is available at <http://ndpc.org/vendors/> and at www.irs.gov. Date vendor was advised to mail W9? _____

Approval

Amount Requested \$ _____

Person Requesting Check _____

Reason for Payment _____

Receipts Attached? ___ (Receipts required for reimbursement)

Council to be Charged _____ Budget Line Item # (Required) _____

Signature of Council or Committee Chair _____

(Please secure council approval before submitting request for payment.)

In Kind Donation for Services

If you would like to donate your honorarium, endorse the check back to NDPC. Unless otherwise indicated, donation will be credited to Budget Line Item noted above.

For Office Use

Date Paid _____ Check # _____