



CHECK REQUEST

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Please staple receipts to the back of this request with **Date** and **Sales Tax** amount circled. Make sure all reimbursable expenses appear on their own receipt – do not mix with personal purchases. Incomplete check requests will not be processed in time due to outlying questions.

Date Submitted: _____

Campus: _____

Check to be written to: _____

Mail to Address: _____

Return to (Person): _____

Date Check is Needed: _____

Note: Checks are printed on Wednesday mornings only

Budget Category	Purpose of Expense	Amount
Total Amount of Check:		

Person Requesting Check (Print): _____ Phone #: _____

Campus Pastor (Print): _____

Campus Pastor (Signature): _____

Note: Check requests submitted by Campus Pastors will need to be signed by the CST Lead Pastor, Paul Robie.