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CHECK REQUISITION

PLEASE DO NOT MAIL CHECK(S)

OFFICE USE ONLY
ACCT #:

WILL PICK UP

REQUESTED ON: ____ / ____ / 20__

ORGANIZATION:

NEEDED BY: ____ / ____ / 20__

REQUESTED BY:

CONTACT # _____

 Ministry Leader

 Date Approved

 Ministry Leader

 Date Approved

 Ministry Leader

 Date Approved

 Ministry Leader

 Date Approved

Activity: _____

Date of: ____ / ____ / 20__

PURPOSE OF ACTIVITY:

PERSON RECEIVING FUNDS	PHYSICAL ADDRESS	AMOUNT
		\$
		\$
		\$