

**First Presbyterian Church
Check Request Form**

Date: _____

Amount \$ _____

Pay to: _____

Account(s) to be charged:

Reason for request:

Date Due: _____

(request in by Wednesday 10 am for payment on Thursday)

Requested by: _____

Committee: (circle one)

Worship & Sacraments	Children & Youth	Hospitality	Trustees
Member Care	Youth Ministry	Missions	Personnel
Fellowship	Adult		Stewardship
Deacons			Administration

Authorized Signature: _____

Approved By D.B.O.: _____

<p>SPECIAL HANDLING INSTRUCTIONS:</p> <p>-----</p> <p>-----</p>
