

Oak Grove United Methodist Church - Check Request Form

Payee: _____
 Address: _____

EXPENSE ACCOUNT	DESCRIPTION OF EXPENSE	RECEIPT ATTACHED	DOLLAR AMOUNT
TOTAL			\$ -

Submitted by: _____

Date: _____

Approved by Print: _____

Approved by Signature: _____

Date: _____

OFFICE USE ONLY:

Attach Check Stub Here

CK prepared by: _____ Signed by: _____