

# Check Request

University Presbyterian Church  
2562 Rouse Road – Orlando, FL 32817

Purpose: To request a check to a third party.  
If you need to be reimbursed for expenses already incurred, please  
use a Reimbursement Form.

Requested by:	_____	Date:	_____
Ministry Account:	_____	Amount:	_____
Payable to:	_____		
	Address: _____		
	City: _____	State: _____	Zip: _____
Purpose of Check:	_____		
	Date Required: _____	Mail Check	<input type="checkbox"/> Yes <input type="checkbox"/> No*
	* If no, where does this check go?		

Signature \_\_\_\_\_

Date \_\_\_\_\_

Approved by: \_\_\_\_\_

Date \_\_\_\_\_

Your Team Leader Must Approve

## Half Sheet Form