

# NASHVILLE PRESBYTERY CHECK REQUEST

DATE

ACCOUNT TO BE WRITTEN ON

CHECK REQUEST #

**Make Check Payable to:**

Name		
Attn:		
Address		
City	State	Zip

**Social Security Number must  
included for contract labor**

**Comments on Check**

**Manual Check Number**

**Date**

Account Number	Amount	Available Budgeted Funds

Description of Request

**Check Distribution Instructions**

- Mail                     
  Put in mail slot \_\_\_\_\_                     
  Pick up in office  
 Other Instructions \_\_\_\_\_



Instructions: For non-employee reimbursements receipts must be attached to the back of this form. Deadline for request is Wednesday Noon. Check distribution will be by Thursday Noon. DO NOT USE AS PURCHASE ORDER.