

*Saint Timothy's Episcopal Church*

**2026 CHECK REQUEST FORM**

PAYABLE TO: \_\_\_\_\_

REMIT TO ADDRESS: \_\_\_\_\_

*Select one of the following*

MAIL CHECK: \_\_\_\_\_ RETURN TO: \_\_\_\_\_

DATE OF INVOICE \_\_\_\_\_ INVOICE or ACCOUNT # \_\_\_\_\_

BUDGET # or NAME	EXPENSE DESCRIPTION	AMOUNT
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

AUTHORIZED BY: \_\_\_\_\_

TOTAL \_\_\_\_\_