

Holy Trinity Church, Dickinson Check Request Form ₁

Pay To		
Address		
City, State Zip		
Telephone		
Email		
Status	<input type="checkbox"/>	Repeat Vendor
	<input type="checkbox"/>	New Vendor –IRS paperwork is required before a check can be cut.
	<input type="checkbox"/>	Businesses and independent contractors – Form W-9
	<input type="checkbox"/>	Employees – Forms Form W-4 and I-9 (PDF)
Payment for	<input type="checkbox"/>	Parishioner reimbursements
	<input type="checkbox"/>	Services rendered
	<input type="checkbox"/>	Purchase of goods
Documentation	<input type="checkbox"/>	Reimbursement for goods purchased on Holy Trinity's behalf
	<input type="checkbox"/>	Receipt attached
	<input type="checkbox"/>	Invoice to be returned after goods received
	<input type="checkbox"/>	Estimate or bid attached
Due Date	<input type="checkbox"/>	Payment amount verbally agreed to – no independent documentation
Check Delivery	<input type="checkbox"/>	US Mail
	<input type="checkbox"/>	Church Mailbox for: _____
Program Area		
Budget Line	Description / Purpose	Amount
TOTAL: _____		
The items listed above are valid expenses of the church and are within budgetary restrictions.		
SIGNATURE: _____		
Copy to BUDGET LIAISON: _____		