Church of the Transfiguration

Check Request Voucher

Date of Request:_____ Date Needed:_____

Payable to: Name _____

Address_____

_____

_____

Account Name	For (Description)	Amount

Check total $_____

Purpose(s):

_____

_____

_____

_____

_____

Requested by_____

Approved by_____

Designated representative

Approved by_____

Treasurer

Please attach documentation of all expenditures.