

St. Elizabeth's Episcopal Church  
*Check Request*

Special Instructions:

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

To: Associate Treasurer/Administrator

Please issue a check in the amount of \$\_\_\_\_\_

Payable to: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

This is for \_\_\_\_\_

Please charge against the \_\_\_\_\_ budget.

Requested by \_\_\_\_\_