



**St. Francis**  
Episcopal Church

9220 Georgetown Pike  
Great Falls VA 22066  
(703) 759-2082 Fax (703) 759-0874

**CHECK REQUEST FORM FOR :** \_\_\_ Church or \_\_\_ Creche

- Vendor Invoice (Mail check to payee)
- Reimbursement (Send check to requestor)
- In-kind donation (Record tax deductible contribution)
- Hand deliver check to: \_\_\_\_\_

Requestor \_\_\_\_\_

Date \_\_\_\_\_

Vendor/Payee \_\_\_\_\_

Invoice Number \_\_\_\_\_

Address \_\_\_\_\_

Invoice Due Date \_\_\_\_\_

\_\_\_\_\_

Total Amount \_\_\_\_\_

Please indicate type of expense and attach receipts:

| Acct. # | Account Name | Amount | Description |
|---------|--------------|--------|-------------|
|         |              |        |             |
|         |              |        |             |
|         |              |        |             |
|         |              |        |             |
|         |              |        |             |
|         | Total Due:   |        |             |

Approval \_\_\_\_\_ Date \_\_\_\_\_

**(Rector, Church Administrator OR Wardens for Church and Creche, for Creche only include Creche Director)**

|                               |                    |
|-------------------------------|--------------------|
| <b>For Office Use Only</b>    |                    |
| Entered into Quickbooks _____ | Check Mailed _____ |