

SOUTH HIGHLAND PRESBYTERIAN CHURCH CHECK REQUEST

Person requesting check: _____ Ministry Team: _____ Date: _____

Pay to: _____ Vendor #: _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose of purchase: _____ Team Chair approval: _____

Invoice No.	Team Account #	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL: _____