

Western New York Area Churches in Covenant

Check Request Form

Date: _____

Name/signature of person requesting check: _____

Phone number(s) of person requesting check: _____

Committee/group requesting check (if applicable): _____

Purpose of the check (please explain in enough detail so the treasurer knows which budget line or account to take the money from):

Amount requested: _____

Payee _____

Address _____

Phone number of payee _____

If the check is to be mailed to someone other than the payee, please indicate to whom it should be sent:

Mail request and any applicable voucher or paperwork to:

Rev. Lynn R. Morgan
3947 N. Hampton Brook Dr.
Hamburg NY 14075

Questions? Please email Lynn at pastorlynn@stmattsucc.org

(FOR TREASURER USE ONLY)

Date paid _____

Check number _____

Budget line _____