

## 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 [lynn@slippershod.com](mailto:lynn@slippershod.com)

\_\_\_\_\_

### (FOR TREASURER USE ONLY)

Date paid: \_\_\_\_\_ Check number: \_\_\_\_\_ Budget line: \_\_\_\_\_