

**RESURRECTION EVANGELICAL LUTHERAN CHURCH  
CHECK REQUEST or FUNDS DISBURSEMENT REQUEST**

---

Requestor: \_\_\_\_\_ Date: \_\_\_\_\_

Check Amount \_\_\_\_\_  
Date Required \_\_\_\_\_

Check Payable to \_\_\_\_\_  
and Address \_\_\_\_\_  
\_\_\_\_\_

**SOURCE OF FUNDING:**  
Please identify the budget item from which funds will be  
used to make this payment:

Check Payee \_\_\_\_\_  
Phone Number \_\_\_\_\_  
(if applicable)

Purpose \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature \_\_\_\_\_

(For Church Council actions, **Council Secretary** should sign after approval by Council for expenditure)

Committee Chair or Budget Authority Approving Signature: \_\_\_\_\_