

**Universalist Church of West Hartford  
Check Request Form  
2016**

**Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

<u>Account Number:</u>	<u>Description:</u>	<u>\$ Amount:</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Amount to be paid:** \_\_\_\_\_

**Approved By:** \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Print Name

**\* Please attach receipts and/or invoices to this form**

**Check Number:** \_\_\_\_\_

**Check Date:** \_\_\_\_\_