



St Edward's Episcopal Church

737 Moon RD Lawrenceville, GA 30045

Instructions for Check Request Form

Please use the form on the reverse side to request reimbursement from St Edwards Episcopal Church for items purchased for the mission and ministry of the church.

1. Please provide your full name and mailing address, also your phone and/or email for contact purposes. Requests will not be processed without correct mailing address even if you have requested to pick up.
2. Note whether you wish the check to be mailed to you or if you will pick it up from the office. The Parish office is open Monday through Thursday from 10:00 a.m. till 4:00 p.m.
3. Original sales receipt or online purchase receipt must be attached to form, No credit card statements will be allowed as proof of purchase.
4. Please enter the appropriate budget line item/GL Account Fund Code, and include a short description of what project or expense the receipts are related to in the Notes section. For example, EYC Game Night supplies 11/1/2019. Each receipt is to be entered individually on form. Appropriate GL Fund Account Codes can be obtained through the office. Email Parish Administrator at parishadmin@stedwardsonline.org or 770-963-6128
5. If you are the ministry lead for your given area, please sign the submitted by section. If you are not the ministry lead, please sign your name and have your ministry lead endorse your request. Requests will not be processed without ministry lead approval. You cannot approve your own request.
6. Return the Request to the Parish Office for approval by the Senior Warden or Clergy who will then pass the request to the Parish Administrator for processing.
7. You will be contacted when your check is ready if picking up, or it will be mailed directly to you.
8. If you pick up your check, you will need to sign that you collected the check. Thank You

ST. EDWARD'S EPISCOPAL CHURCH, INC. CHECK REQUEST

DATE NEEDED / / REQUESTED / / REQUESTOR: _____

PAYEE:

Name _____

Address 1 _____

Address 2 _____

Address 3 _____

City _____ State _____ Zip _____

Phone () _____

TAX ID # _____

CHECK AMOUNT

\$ _____

Tax ID is required for checks to individuals, sole proprietors, and

Please Mail Hold for pick up

IN BUDGET:
(CIRCLE)

GL ACCOUNT	_____	\$ _____	<u>YES</u> NO
GL ACCOUNT	_____	\$ _____	YES <u>NO</u>
GL ACCOUNT	_____	\$ _____	YES <u>NO</u>
GL ACCOUNT	_____	\$ _____	YES <u>NO</u>

1st APPROVER: _____

2nd APPROVER: _____

(Required if over \$500)

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Notes:

Ministry Head Signature: _____