



**ST. JOHN'S CONGREGATIONAL CHURCH**  
 REV. DR. CALVIN J. MCFADDEN, SR., SENIOR PASTOR  
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 CHURCH OFFICE: 413.734.2283 / FAX: 413.747.8892

# CHECK REQUEST FORM

PLEASE ALLOW 10-15 BUSINESS DAYS TO PROCESS REIMBURSEMENT  
 PRIOR APPROVAL REQUIRED BY ASSOC. PASTOR OF MINISTRIES

CHECK PAYABLE TO: \_\_\_\_\_

**TODAY'S DATE:**

\_\_\_\_\_

ADDRESS: \_\_\_\_\_

PLEASE CHECK  APPLICABLE  
 CHECK REQUEST  
 ATTACH INVOICE OR VENDER'S ESTIMATE

PAYEE SIGNATURE \_\_\_\_\_

REIMBURSEMENT  
 PLEASE ATTACH RECEIPTS

PLEASE MAIL CHECK TO ABOVE ADDRESS.

**DATE CHECK IS NEEDED:**

PLEASE HOLD CHECK TO BE PICKED UP BY \_\_\_\_\_

\_\_\_\_\_

**REASON FOR REQUEST:**

FUND CODE	PROGRAM/MINISTRY DESCRIPTION	AMOUNT
<b>TOTAL AMOUNT TO BE PAID</b>		<b>\$</b>

<b>AUTHORIZED BY ASSOC. PASTOR OF MINISTRIES:</b>	<b>DATE:</b>	
<b>DATE OF CHECK:</b>	<b>CHECK#:</b>	