



**ST. JOHN**  
EPISCOPAL CHURCH

140 North Beaver Street  
York, PA 17401

**CHECK REQUEST FORM**

This form must be approved by the Rector, Senior Warden, Treasurer or Assistant Treasurer before a check will be issued by the Financial Administrator. Checks will be issued within a 30 day cycle depending on funding sources.

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

Payable to: \_\_\_\_\_

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

\_\_\_\_\_

Amount: \_\_\_\_\_ Purpose: \_\_\_\_\_

\_\_\_\_\_  
(invoice must be attached)

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_



**Office Use Only**

Source and availability of funds \_\_\_\_\_

Account Reference Number \_\_\_\_\_