

CrossWay Church Check Request Form

Payable to: _____ Invoice Date: _____ Invoice #: _____

Person submitting request: _____ (return check to me) Authorization: _____

If amount is over \$250 or the expense is technology-related, Executive Pastor Authorization is required.

Where should check be sent (if different from above): _____

Account to be charged :	Explanation of Expense:	Amount:
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL		\$ _____

PLEASE STAPLE ALL RECEIPTS/INVOICES TO THIS FORM

Executive Pastor Authorization _____

Date: _____