CHECK REQUEST FORM (02/17)

GRACE LUTHERAN CHURCH & SCHOOL

Make check payable to: _____

Mail check: _____ *OR* Deliver check to: _____

Address: _____

_____

_____

Amount of check: $_____

Date check needed: ___/___/_____

Purpose of check: _____

_____

_____

_____

Invoices, receipts or other supporting documentation attached: Yes ___ No ___

If this payment is for an individual's services, do we have a Form w-9 on file (so we have their address and social security number)? N/A, not for an individual's services ___

Yes ___ No ___ (obtain and attach) Don't know ___

Check requested by: Name: _____

Signature: _____ Date: ___/____/_____

Check request approved by: Name: _____

Signature: _____ Date: ___/____/_____

---------- **Business Office** ----------

Account number __._____ Account name _____

Description _____

Is this a Form 1099 payee? Yes ___ No ___