

**PRESBYTERY OF EAST TENNESSEE
CHECK REQUEST**

Payable to: _____

Attn: _____

Phone: _____

Address: _____

City: _____ State _____ Zip _____

AMOUNT

\$ _____

Person requesting check: _____

Date check is needed: _____

Team/Committee: _____

Line Item: _____

Explanation of expense: _____

(submit supporting documentation with this form)

Received _____

Account # _____

Paid _____

Check # _____