

**St. David's Episcopal Church**  
**Check Request**

Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Reason for Request: \_\_\_\_\_  
\_\_\_\_\_

Make Check Payable to: \_\_\_\_\_

**Source of Funds:**

- Operating Account
- Capital Expenditure Fund
- Rector's Discretionary Fund (may only be requested by the Rector; approval is not required)

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

- Less than or equal to \$50, prior approval is not required
- More than \$50, but less than \$500, the treasurer's approval/signature is required
- More than \$500, Vestry approval and Senior Warden Signature is required

**Requested by:**

_____ Printed Name	_____ Signature	_____ Date
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*For office use only: Date of Check, Check #, Account #, Date Posted*