v2024-01

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EPIPHANY

Check Request

Payee Info	Check Payable To: *(exact text for check)*		
	Full Mailing Address: *(if address not on file)*	Street (on file)	City/State/Zip
Invoicing	Vendor: *(if not payee above)*	Name	Vendor Acct No. if any
	Invoice Identifiers: *(both if provided)*	Invoice No.	Invoice Date
Purpose	Memo/For: *(project name if any)*		

Expensing

Expense Line Title *(per Chart of Accounts)*	Expense Line No.	Amount ($USD)
		0.00

At least one line required above, unless account numbers included in-line on invoice copy (please say "on invoice" above.)

Check Total: ***(required)*** $ 0.00

Checks over $2,500 must be approved by a treasurer and a warden after submission.

Submitter	Submitter Name: *(if not payee/approver)*	(see approver)
Approver	Approver Signature:	
	Approver Name: *(please print)*	
Special	Special Instructions: *(if any)*	

Contact the Finance Team at finance@3crowns.org with questions or to provide further special handling information. Approvers: before signing and submitting this form:

1. *Are all needed sections filled out, especially Payee Info, Purpose, and Expensing, esp. Check Total?*
2. *Are a copy of the invoice and/or all receipts attached?*
3. *Are all Expense Lines managed by you as Approver? Are all Amount splits acceptable to you as Approver?*