

**WEST COUNTY ASSEMBLY OF GOD
REQUEST FOR CHECK**

Name of Payee _____

PHONE _____

Address of Payee _____

STATE/ZIP CODE _____

AMOUNT OF CHECK _____ Date needed _____

Reason for disbursement _____

Attach receipts or invoices for the disbursement _____

Deliver Check to: _____ Requested by _____

_____ Date requested _____

_____ Approved by _____

ACCOUNTING DISTRIBUTION

Name of Account	Account Number	Amount

Check Number _____

Check Date _____