

The Way of the Cross Church of Christ International Check Request/Cash Disbursement Form

To be payable to: _____

Date: _____ (mm/dd/yyyy)

Amount of Check/Cash: \$ _____

Check No. _____

Purpose for issuing check: _____

_____ General Operating Account
_____ Auxiliary Account & Name _____
_____ Foreign Mission

Comments: _____

For a reimbursement, please attach receipt or invoice.
For an advance payment, receipts or invoices must be returned for verification.

Signatures Required:

Requesting Individual _____ Date

Trustee Board _____ Date

Treasurer/Finance Secretary _____ Date

Office Use Only
To be filed under: _____
Account Number: _____

“The Way of the Cross Leads Home”