

GUELPH S.D.A. CHURCH

CHEQUE REQUISITION

TO : TREASURER

DATE: _____

FROM: _____
Print Your Name

DATE: _____
Date Cheque is Required

PLEASE ISSUE A CHEQUE IN THE AMOUNT OF \$ _____

TO: _____
Name

Address

Phone

FOR: _____

CHARGE TO: _____
Department / or Dept. Code No.

Signature : Head of Department

APPROVED BY: _____
Signature: Pastor or Head Elder

FOR TREASURY USE ONLY

RECEIPTS REQUIRED: YES **NO**

CHEQUE# _____

RECEIPTS IN ORDER AS OF:

COMMENTS: _____

