

CHECK REQUEST

PRESBYTERY OF TROPICAL FLORIDA

Needed by date: / /

Mail Check? Yes

 No

Check No.	_____
Mileage	_____
Expenses	_____
Check Total \$	_____

PAYABLE TO: _____

Requested by: _____

Committee: _____

Reference to Minutes: _____

Budget Line Acct No. _____

FOR: _____

Note: All expenses must be supported by attached receipts.

Mileage	
(\$.25 per mile - Add \$.01 per mile for each additional passenger)	
From _____	To _____
TOTAL MILEAGE _____	\$ _____

SIGNED: _____

Date: / /

Approved by: _____