

South Church in Andover
41 Central Street
Andover, MA 01810
(978) 475-0321

Check Request/Reimbursement

Date of request _____ Amount _____

Make check payable to _____

Purpose ~ Account to be charged _____

Handling instructions (*mailing address, date payment is required, where to leave check, etc.*)

Donation (No reimbursement, but will be added to your South Church contributions)

Save a stamp! Please leave check in _____ mailbox

Mail to: _____

Other _____

MUST be approved by someone authorized to approve the account being charged. As an option, you may have the approver send an email with his/her approval to jsmith@southchurch.com.

Requester (*signature*) _____

Approver (*signature*) _____

Please attach receipt or other documentation; circle amounts to be paid.

Questions??? Contact Linda Hacker in the Church Office or Joanne Smith, Financial Administrator.