

Administrative Personnel Association
Florida Region



Check Request Form

Check Payable to: _____

Mailing Address: _____

City, State, Zip _____

Description of Expense(s)	Invoice #	Amount
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TOTAL: _____

To be drawn from the following area of the budget _____

Signature of person requesting check

Date

Signature of person authorizing payment

Date

Please send check request with **invoices, receipts, etc.** to:

Yolanda Bengo, Treasurer
Synod of South Atlantic
118 E. Monroe St., Ste. 3
Jacksonville, FL 32202

Additional Comments: