Bread of Life Christian Church In Seattle Check Request Form

Check Number:

Invoice Date	Description	Amount	Dept Code

Check Payable to 支票付给: (Please print your name in English, 請寫明英文姓名)
Name 英文姓名:

Address 地址:

Phone # 電話:

Account Payable	Finance Dept	Executive Board Signature	Cell/District/ Ministry Leader	Requester's Signature
		Name 寫明姓名	**Name 寫明姓名**	**Name寫明姓名**
Date	Date	Date	Date	Date

Special Requests:

1. Please attach original receipts with the form and fill it out completely.
2. Please acquire necessary signature before submitting the form to the finance department.
3.Any questions, please contact the church office at (425) 454-2165.