



The Episcopal Diocese of Texas

CHECK REQUEST

(Please print legibly in all cells)

DATE PREPARED:

DISPOSITION OF CHECK

- U.S. MAIL - Must include mailing address in "Make Payable To" Section
- Electronic Funds Transfer
- Return to Requester or:

Attachments:

ENTITY (check one):	
<input type="checkbox"/> EDOT (Episcopal Diocese of Texas)	
<input type="checkbox"/> EHF (Episcopal Health Foundation)	
<input type="checkbox"/> EHC (Episcopal Health Charities)	
<input type="checkbox"/> GCF (Great Commission Foundation)	
<input type="checkbox"/> QUIN (Bishop Quin Foundation)	
<input type="checkbox"/> EFT (Episcopal Foundation of Texas)	
<input type="checkbox"/> PECC (Church Corporation)	
<input type="checkbox"/> EDOT FSC (EDOT Financial Services Corporation)	

MAKE PAYABLE TO: Include Mailing Address	Name	AMOUNT OF CHECK	\$
	Address		
		DATE PREPARED	
		DATE DUE	

DESCRIPTION OF EXPENDITURE/PURPOSE:	

CHARGE TO: (Account numbers)	

REQUESTED BY:		ON BEHALF OF:	
APPROVED BY:	DATE	APPROVED BY:	DATE