

St. Barnabas' Episcopal Church of the Deaf

Check Request Form

Requestor: _____

Amount of voucher: _____ **Date of voucher:** _____

Payable to: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

When needed: _____ **Mail check?** Yes No

Signed: _____

Expense Category

- A. Diocese, National (diocesan assessment, ECD assessment, UTO, LRC, Syle)
- B. Parochial Ministry (clergy phone, car & travel for visiting priest, honoraria)
- C. Altar/chancel (bread, wine, candle, flowers, prayer books, interpreters, Sunday folders, inserts)
- D. Maint & Operation (insurance, rent, paint, carpet, sexton, etc)
- E. Admin & Finance (telephone, newsletter, office supplies, postage, office equip, software, audit)
- F. Christian Ed (course materials, confirmation materials, publications, parish retreat, youth program, Gallaudet)
- G. Publicity/Hospitality (ads, food & supplies, vestry retreat, convention expense, internet, charity, gift, subscr)
- H. Non Op Expense (Outreach & Mission, transfer to Memorial Fund, discretionary Fund, or scholarship fund)

Explanation (date, purpose, location)	Amount	Expense Category

Please attach receipts if any.

For Accounting Use Only:

Check # _____ Issued by: _____ Date: _____