



SOUTH ELKHORN
CHRISTIAN CHURCH

South Elkhorn Check Request Form
Discipleship Ministry: Children & Youth Meals

Request Date _____

Requested by _____

Total Payment of \$ _____

Checks to be made payable to: (full address)

Description of transaction:

Operational Funds

Amount	Account ID	Description
\$	60570	Children and Youth Activities

Attach original receipts to this form and turn it into the Associate Minister's mailbox.

Approval Signature of Team Leader _____

Approval Signature of Finance _____