

Administrative Personnel Association



Check Request Form

Check Payable to: _____

Mailing Address: _____
Street City State Zip

Description of Expense(s)	Invoice #	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
	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 request with attached receipts to:

Rose Miller, APA Treasurer
First Presbyterian Church
4511 6th Avenue
Kearney NE 68845

Additional Comments: Remember to attach receipts and/or invoice