

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 Request Date

Signature of person authorizing payment Check # Check Date

Please send request with attached receipts/invoices to:

Rose Miller, APA Treasurer
First Presbyterian Church
4511 6th Avenue, Suite 205
Kearney NE 68845-3489

Remember to attach receipts and/or invoices.

Additional Comments: