

**District of Columbia, Delaware and Maryland District Council**  
of the  
Pentecostal Assemblies of the World, Inc.

**CHECK REQUEST FORM**

Auxiliary Name _____
Date Requested _____

**CHECK PAYABLE TO**

--

Amount Requested

**Description**


Purpose	Account Code	Account Name	Description	\$\$ - Amount
<i>All requests must be accompanied with a receipt</i>				

**APPROVAL**

Auxiliary President _____	Date _____
Auxiliary Treasurer/Fin.Secy _____	Date _____
Council Financial Secretary _____	Date _____

**ACCOUNTING USE ONLY**

Auxiliary Account: _____
Date: _____
Check Number: _____

*Thank You For Your Cooperation  
Please Re-check this document and make sure all things are correct.*