

Pathway East Georgia Walk to Emmaus Check Request

Date: _____

| | |
|--------------------|-------|
| Treasurer Use Only | |
| PAID | |
| Check No.: | _____ |
| Date: | _____ |

Payable To: _____

Address: _____

Requested By: _____

Amount Requested: _____ (\$ _____)

- Advance** (Receipts for purchases paid for with a cash advance must be mailed to the address below within 7 days of the purchase)
- Reimbursement** (Receipts must accompany all requests for reimbursement)
- Direct Payment** (Show the name of the person [if applicable] and the address of the entity to be paid. Receipts or bills of lading must accompany request for Direct Payment)

Description:

Mail to: Skip Matson
3025 Kari Brook Lane
Monroe, GA 30655