

Evangelical Schools
Evangelical Parents Interested in Children
EPIC
Check Request Form

Please complete the entire form and turn in to office for principal's signature. Be sure to include your receipts. No payment can be made without the completed Check Request Form and receipts. If you have questions, call or email Jessi Williamson at (618) 779-0489 or jkwilliamson2001@gmail.com

Date: _____

Payee: _____

Address: _____

___ mail check (pls. provide address)
___ leave in office for pickup
___ other _____

Amount of Purchase: _____

Sales Tax: _____

Total Reimbursement: _____

Purpose of expenditure: _____

EPIC Activity/Fundraiser _____

Requested by: _____

Telephone Number: _____

Approval: _____
Signature-Administrative Coordinator

Date

Treasurer's Use Only

Check # _____

Check Amount _____

Date Paid _____