



**UUCA**  
unitarian universalist  
CONGREGATION OF ATLANTA

# Check Request

## FOR CORPORATIONS

**Request Date:** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

### Requestor Information

Requestor Name: \_\_\_\_\_

Requestor Title/Position: \_\_\_\_\_

### Corporation Information

Corporation Name: \_\_\_\_\_

Corporation Address: \_\_\_\_\_  
\_\_\_\_\_

Corporation City, State, ZIP Code: \_\_\_\_\_

### Payment Description

Program: \_\_\_\_\_

Type of Payment: \_\_\_\_\_

Reason for Payment: \_\_\_\_\_  
\_\_\_\_\_

Payment Amount: \_\_\_\_\_

\$

### Payment Information

Due Date: \_\_\_\_\_

Memo Line: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

### Payment Accounting (UUCA Office use only)

GL Account No.: \_\_\_\_\_

Current Account Balance: \_\_\_\_\_

\$

Expenditure Amount: \_\_\_\_\_

\$

Remaining Account Balance: \_\_\_\_\_

\$

### (UUCA Office use only)

Check Number: \_\_\_\_\_

Check Date: \_\_\_\_\_

Date Mailed/Delivered/Other: \_\_\_\_\_

## Approvals

For congregant-led programs, each check request must be approved by a congregant authorized to disburse funds from the above GL account.

GL Account Owner Name: \_\_\_\_\_

GL Account Owner Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For congregant-led programs, each check request must be approved by the UUCA staff person responsible for the above-listed congregant-led program's budget. For other programs, each check request must be approved by the UUCA staff person responsible for that program's budget.

UUCA Staff Name: \_\_\_\_\_

UUCA Staff Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Each check request must be approved by the UUCA Director of Administration.

Director of Administration: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_