

# CGS Check Request

Date \_\_\_\_\_

Attach **ORIGINAL** receipts, invoices, or bills to this sheet before submitting.

Outside Vendors: If this is your first CGS Check Request, please submit a **FORM W-9** also.

Autopay/EFT/ACH

Make check payable to \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Amount \_\_\_\_\_

Reason for Check / Notes

*Please turn over and indicate the line item of expense.*

Please check the budget line item to be charged, or fill in **Other** if not found.

<b>Benevolences</b>		<b>General &amp; Administrative</b>	
	Building Future Comm Partnerships		Administrative Support
	GWOH		Background Checks
	Pastor's Discretionary Fund		Bishop's Conference Attendance
	SV Pride		Hospitality
	Safe Car Park (SVSP)		Leadership Training
	Shelter Cooking		Property Taxes / Insurance
	Shelter Cooking New Haven		Synod Assembly
	Synod Support		Telephone
<b>Education</b>		<b>Personnel</b>	
	Adult Education		Auto Allowance
	Children & Youth Ministry		CA Chamber HR Subscription
	Library		Workers' Compensation Insurance
<b>Property</b>		<b>Worship &amp; Music</b>	
	Disposal		Association Fees
	Doors / Locks / Keypads		AV Equipment
	Janitorial Supplies		Choir Music
	Landscaping		Guest Musicians / Instruments
	Maintenance		Pulpit Supply / Substitute Musician
	Termite Remediation		Visual Arts
	Walnut Tree Removal		Worship Music
	Utilities		Worship Supplies
<b>Other</b>		<b>Other</b>	

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Please put this sheet and all accompanying paperwork in the Treasurer's mailbox, or email them to [treasurer@cgs lc.org](mailto:treasurer@cgs lc.org).