



Lilydale First Baptist Church  
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 Chicago, Illinois

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 Fax: 773-928-5683  
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# Finance Committee Check Request

**Name:**

**Title:**

**Auxiliary:**

**Phone:**

Account Codes and  
 Descriptions

Date	Date Needed	Reason / Account	Payee	Amount

**Instructions:**

Pick up on Thursday  Check

Pick up on Sunday  Check

Leave with Secretary  Check

Mail  Check

**Comments:**

**Auxiliary  
 President/Treasurer**

**Authorized By:**

**Internal Use Only**

Amount Paid	Check No.	Date