SEVENTH-DAY ADVENTIST CHURCH



Cheque / EFT Requisition

DATE:			
BENEFICIARY:			
AMOUNT:	CHEQUE / EFT N	IUMBER:	
DESCRIPTION:			
			_
REQUESTED BY:	A	APPROVED BY:	
SUPPORTING DOCUMENTS HA	NDED IN AND ATTACHED HERI	ETO? YES / NO)
CB no:	DATE ISSUE	D:	
PAYMENT MADE BY:			