

# Korean Martyrs Catholic Church

6003 Buford Hwy NE, Doraville, GA 30340

## CHECK REQUEST FORM

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

Payee Name: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Reason(s) for Payment: (Refer to the instructions in the back 뒷면 참고)

Committee 분과	Item (지출항목) (영문 기재)	Event Code (분과 코드)	행사명 / 내용 (한글 기재)	Amount (\$)

Total Amounts to be Paid: \_\_\_\_\_

추가 설명 (한글 기재):

KMCC Pastoral Council	Signature
분과장 Committee Director	
총무 Secretary	
부회장 Vice Chair	
회장 Chair	

Korean Martyrs Invoice Approval	
Date Received	
Date Approved	
Approval Signature (Priest)	
GL Account	