



**Branches**  
Grow Deeper, Climb Higher

11500 NW 12th Avenue • Miami, FL 33168 • Phone: (305) 442-8306 • Fax: (305) 442-9726 • www.branchesfl.org

## EMERGENCY SERVICES NETWORK CHECK/VOUCHER REQUEST FORM

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

Date of Request: \_\_\_\_\_

Church/Site: \_\_\_\_\_

**Request:** I am requesting the following:

**Check**

Payable to: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

Send **Check** to the following location and address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Food Vouchers**

Amount Requested: \$ \_\_\_\_\_

Voucher Preference:

Publix: \$ \_\_\_\_\_

Winn Dixie: \$ \_\_\_\_\_

**\*\*\*Note a separate form must be submitted for each type of request\*\*\***

With submission of this form I understand and agree to the following:

1. Any check requested above will not be released until itemized receipts detailing how the previously issued check was spent are submitted to Branches.
2. Any food vouchers requested above will not be released until any previous food voucher signature pages are submitted detailing who received the food vouchers.
3. Monthly reports are to be submitted **every** month (including months for which no funds are received) and are due by the 15<sup>th</sup> day of the next month (e.g. July's report is due August 15<sup>th</sup>).

\_\_\_\_\_  
Requestor's Signature

\_\_\_\_\_  
Date

**SEND THIS REQUEST TO:** Branches 11500 NW 12<sup>th</sup> Ave, Miami, FL 33168 **OR** FAX: 305-688-3556

**For Office Use Only:**

1. Approval Signature: \_\_\_\_\_

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

2. Date Document(s) Received: \_\_\_\_\_

Check #: \_\_\_\_\_

3. Date Check/Voucher Sent: \_\_\_\_\_

Mail

Pick-Up

Delivery