

CHECK REQUEST FORM

Check Payable To:	Date:
Address:	Mail Check? Yes No
City/State/Zip:	Phone:
Ministry:	Total Amount:
Date received at Finance Department:	Check #

PLEASE NOTE:

1. Check Requests are processed two weeks after they are submitted to the Finance Department.
2. Check Requests over the amount of \$1,000.00 must be submitted 30 days prior to the date of need.
3. Number and list each receipt on it's own line.

Receipt #	Date	Description	Account #	Amount
Submitted By:			Total	
Department Approval			Date:	
Pastor of Administration Approval			Date:	