

CHECK REQUEST

Today's date: _____

Amount:

\$ _____

Requested by: _____

Reimbursement _____ OR Need check to purchase item _____

Ministry/Department: _____

Approving Staff Minister or Deacon's signature: _____

***** Must be approved before purchasing*****

Need check by (date): _____

Mail by (date): _____

Please note: Checks are usually printed every Wednesday. Pending availability of check signers, please allow one or two extra days to get your check(s) signed. Thank you!

Description of item purchased or reason for check: _____

Payable to: _____

Address: _____

Account # _____

Special

Instructions: _____
