



Check Request

Ministry: _____

Date: _____

REQUESTER FILLS IN THIS SECTION

Date needed: _____

Amount Requested: _____

Person requesting (please print): _____

Requester's phone number: _____

Email: _____

Make check payable to: _____

Address: _____

Purpose: _____

Signature of requestor: _____

Ministry President Approval: _____

Date: _____

Date: _____

Mail payment _____

Note: Requests are required to be submitted two (2) weeks prior to payment due date.

Please attach supporting documentation, i.e. estimates, quotes, receipts, W-9, etc.

FOR FINANCE OFFICE USE ONLY

Date Issued: _____

Check #: _____

Charged to what budget item: _____

Comments: _____

Signature: _____

Date: _____