

Check Request

General Information

Payable To _____ Phone _____

Address _____

City _____ State _____ Zip _____

Mail Check? Yes No Date of Request _____

Total Amount \$ _____ Date Required _____

Description/Other Instructions _____

Distribution

Charge To (Ministry)	Description of Purchase	Amount	Approval (initials)

Checklist

By signing this document I confirm that the following criteria have been met:

- All receipts/invoices applicable to this request have been attached.
- Approval has been granted for the requested funds and the person responsible for the effected budget has indicated their approval by initialing the request above.
- Necessary measures were taken to ensure sales tax was not included in this request as the Church is tax exempt and will not reimburse sales tax.
- The information I provided above is accurate and the necessary fields have been filled as completely as possible to ensure accurate and timely distribution of funds.

Signature _____

Please place all completed Check Requests in the Accounts Payable Mailbox in the Office Complex.