

# 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.**