

Check Request

General Information

Payable To _____	Phone _____
Address _____	
City _____	State _____ Zip _____
Mail Check? <input type="checkbox"/> Yes <input type="checkbox"/> 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.