

# Check Request Form

*For checks to be issued one of the following must be presented or attached to this form*

1. \_\_\_ Approved Invoices
2. \_\_\_ Approved Receipts
3. \_\_\_ Approval by the Pastor

Request Date \_\_\_\_\_

Account: 1. \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. \_\_\_\_\_ Amount \$ \_\_\_\_\_

3. \_\_\_\_\_ Amount \$ \_\_\_\_\_

Requested by \_\_\_\_\_ Signature \_\_\_\_\_  
(Please Print Name)

Approved by \_\_\_\_\_ Signature \_\_\_\_\_  
(Fill this if approval is needed)

## Requested Check Information

Check Amount \$ \_\_\_\_\_ Total

For: Donation \_\_\_\_\_ Reimbursement \_\_\_\_\_ Payment \_\_\_\_\_ Other \_\_\_\_\_

Reason: \_\_\_\_\_ (Write the full reason for this check request)

## Payee Information

(Must be complete)

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If you want this check mailed to the above address mark here \_\_\_\_\_ Other \_\_\_\_\_