

**CHECK REQUEST**

**FORM**

|  |  |
| --- | --- |
| **Date Requested** |  |
| **Amount Requested**  |  |
|  |
| **Description of Expense** **(describe what the expense is for, how it will be used, etc.)** |  |
|  |
| **Invoice and Purchase Request Attached?**  |  **Yes No** |
| **Check Payable To:**  |  |
| **Check Handling Instructions** | **Mail** | **Mailing Address:** |
| **Pick-up** | **Instructions:**  |
|  |
| **Ministry Lead** **Print/Signature** |  | **Phone** |
| **Email** |  |
| **Ministry/Event** |  |
| **Department** |  |
| **Department Head** **Print/Signature** |  |
| **C.O.O. or Sr. Pastor****Signature** |  |
| **Amount Approved**  |   | **Check No.**  |  |

**Please allow two week for processing of all check requests. Checks may only be picked up from**

**the Church office during business hours.**