

**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.**