

NEW LIFE ASSEMBLY OF GOD

Submitted Date: _____

CHECK REQUEST FORM

Make check payable to: _____

Department: _____

Event or Purpose: _____

Instead of a check I want to receive giving credit

Address:

Receipts:

_____ \$ _____ *

_____ \$ _____ *

Photocopy receipts and attach to this paper

***Items over \$100 need approval from Pastor** Total \$ _____

Disposition of Check: Mail Return to: _____

Requested by: _____

Approved by: _____ Date: _____

Office Use only:

Check Number: _____

Date was issued: _____

By: _____