

## CHECK REQUEST FORM

DATE CHECK IS NEEDED: \_\_\_\_\_

PLEASE CHECK APPROPRIATE BOX:  Disbursement  Reimbursement  Mail Check  Place Check in Mailbox

CHECK REQUESTED BY: \_\_\_\_\_ DATE OF REQUEST: \_\_\_\_\_

NAME OF MINISTRY: \_\_\_\_\_

NAME OF PAYEE: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

STREET ADDRESS OF PAYEE: \_\_\_\_\_

\_\_\_\_\_  
(City) (State) (Zip Code)

PURPOSE OF FUNDS: \_\_\_\_\_

BUDGET CATEGORY: \_\_\_\_\_

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MINISTRY PRESIDENT / VICE PRESIDENT APPROVAL:

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

MINISTER LEADER APPROVAL:

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

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**CHECK RECEIVED BY:**

**SIGNATURE:** \_\_\_\_\_ **DATE SIGNED:** \_\_\_\_\_

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**TO BE COMPLETED BY FINANCE MINISTRY ONLY**

FINANCE MINISTRY APPROVAL:

SIGNATURE: \_\_\_\_\_ DATE SIGNED: \_\_\_\_\_

CHECK WRITTEN BY: \_\_\_\_\_  Treasurer  Assistant Treasurer

ACCOUNT:  General  Missions  Pastor's Aid  Special Fund  
 Operating Account  Building Fund  Pledge Fund  Special Gifts

SPECIAL INSTRUCTIONS: \_\_\_\_\_

CHECK#: \_\_\_\_\_