



CHECK REQUEST FORM

DATE CHECK IS NEEDED: _____

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

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: _____ AUXILARY

REQUESTED BY: PRESIDENT VICE PRESIDENT TREASURER

SIGNATURE: _____ DATE SIGNED: _____

APPROVED BY: DEPT. HEAD MINISTRY DIRECTOR / LEADER

SIGNATURE: _____ DATE SIGNED: _____

CHECK RECEIVED BY:

SIGNATURE: _____ DATE SIGNED: _____

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#: _____