

CHECK REQUEST

Date: _____

Completed By: _____ Mail _____ Hold for pick up _____

Amount \$ _____ ACH _____ Church Visa _____

Payable to: _____

Address (if mailing, and address is not on attached invoice) _____

Description of Expense: _____

Business Purpose of Expense (if not evident) _____

Original Receipt/Bill: Attached No

Acct # or Budget Line Item _____

Please obtain approval before submitting for payment.

Approved by _____

Ministry Team/Committee _____

Special Instructions: _____

Stewardship/Finance use only: _____ Standard Recurring Expense _____ Math check _____

CHECK SIGNATURES FOR "PAPERLESS" PAYMENTS (NON-STANDARD ITEMS):

Check Signer #1 _____

Check Signer #2 _____

Completed forms may be placed in "Bills & Financial" tray in church office or in Council Treasurer box in hallway. Please allow at least a week turnaround; for urgent needs, please contact the Treasurer.