



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			
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.