

**CHECK REQUEST FORM**

**423-629-6106**

**All areas must be filled out correctly for the request to be approved. The Requestor and Ministry Lead must sign the request before it is submitted.**

**REQUEST MUST BE SUBMITTED BY TUESDAY OF EACH WEEK**

**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_ Amount Request: $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Budget Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Current Budget Balance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If using multiple accounts, please list the account number and balance for each account. If the accounts have different chairpersons, each signature will be required.

\_\_\_ Reimbursement/Payment (Preferable; circle one and attach receipts/invoices)

\_\_\_ Advance (Receipts and any remaining funds should be submitted at least 10 days receipt of funds. Failure to do so will delay future disbursements.

**Purpose (a description is mandatory):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Make Check Payable To: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check one of the following for check distribution:

**Mail Check\_\_\_\_\_\_ Return Check to Requester/Ministry Mailbox\_\_\_\_\_\_**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Requestor Date Signature of Chairperson Date

 **APPROVALS:** All request must be approved **in advance** by the B.O.D.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Chair, Board of Board of Directors or/Designee**  Date

 **Budgeted Item**: Yes\_\_\_\_ No**\_\_\_\_ Account Charged**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Initials:** \_\_\_\_\_\_ Financial Secretary

 **Initials**: \_\_\_\_\_\_ Church Treasurer

**Date Check Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Check Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Revised 2020**