

Check Request Form

Name: _____ Date: _____

Amount Requested: _____

Department Requested For: _____

Check Payable to:* _____

Reason for Purchase: _____

Department Head Signature: _____

Person Requesting Check Signature: _____

*** IMPORTANT:** Please turn in receipt for these items to church office within same week check is issued.

FOR OFFICE USE ONLY

Check Number: _____ Date: _____

From Designated Account: _____

From General Account: _____

Approved by: _____