Organization Name_____

Check Request Form

Amount of Request/Check: $_____ Date of Request:_____

Vendor Name:_____ Date Check Needed: _____

Address: _____ Is this item in the budget? Y/N _____

City/State/Zip:_____

GL Account for expense/charge: _____

Purpose of Request/Check:

_____

_____

_____

Requested by: _____

Ordered by:

_____ Church staff/billed to church

_____ Church staff/billed to church credit card (Please indicate which credit card _____)

_____ Staff Member to be reimbursed

_____ Volunteer to be reimbursed

Pastor/Administrator Approval and/or Comments: _____

_____

_____

_____ _____

Pastor/Administrator Signature Date