Check Request Form

Date of Request: Staff Member Approval:

Make Check Payable To:

Amount of Check: $

Budget Item:

Description:

Check distribution method:

_____ Distribute through Church Office Phone / E-mail: _____

_____ Mail to: _____

Address: _____

_____

Person Requesting Check:

Date Check is Needed:

INVOICE:_____
DATE_____
PROJ.#_____
INVOICE AMT._____
ACCOUNT #_____
AMOUNT_____
ACCOUNT #_____
AMOUNT_____
SIGNED_____ _____