

# Check Request Form

Today's Date: \_\_\_\_\_

Amount Requested: \$ \_\_\_\_\_

Ministry Requesting Check: \_\_\_\_\_

## Issue Check To:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

## EXPLAIN AND ITEMIZE BELOW

(NOTE: ALL SUPPORTING INFORMATION MUST BE ATTACHED OR REQUEST WILL BE RETURNED)

Description of Expense: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested By:

\_\_\_\_\_  
Ministry Pastor / Leader

Approved By:

\_\_\_\_\_  
Sr. Pastor or Business Administrator

## Administrative Office Use Only

Date Paid: \_\_\_\_\_

Check #: \_\_\_\_\_

Ministry Pd from: \_\_\_\_\_

Signature: \_\_\_\_\_



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