



Check Request Form

Receipts required for all purchases.

Payable To: _____ Date: _____

Address: _____ City/State: _____ Zip: _____

Contact Info (Phone or email): _____

Account Name	Explanation of Charges	Amount	Receipts Att.? Yes or No
TOTAL DUE			

Additional explanation regarding payment / absence of receipts

Request will not be processed without approval of Department Head(s)

Payee: _____ Date: _____

Department Head: _____ Date: _____

Lead Pastor: _____ Date: _____

THIS SECTION FOR OFFICE USE ONLY

- Received by Accounting Dept.: Date: _____ Initials: _____
- Pending - Explanation for delay: _____
- Complete: Ck.# _____ Date Processed: _____