

CHECK REQUEST

Amount Requested: _____

Date Requested: _____

Due Date: _____

Payable to: _____

Address: _____

Account Code: _____ Account Name: _____

Requested by: _____ Approved by: _____

Comments: _____

RECEIPT ATTACHMENT

Amount Charged: _____ Date Charged: _____

Account Code: _____ Account Name: _____

Charged by: _____ Approved by: _____

Comments: _____

INSTRUCTIONS

- To request reimbursement or payment of an invoice, complete the information in the Check Request section at the top of the page. Be sure to fill in all the information.
 - The request must be approved by the appropriate ministry leader.
 - Receipts for purchases charged to the church should be turned in to the church office and the above information in the Receipt Attachment section completed.
 - The Account Code and Account Name can be found on the chart of accounts (located in Finance Committee's box in the office work room or call/email the church office).
 - Staple receipts or other support to back of this form. Thanks!
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(To be completed by accounting)

Check # _____

Date Issued: _____

By: _____