

CHECK REQUEST FORM

YOUR NAME: _____

DATE: _____

INSTRUCTIONS: Attach receipt(s) or invoice(s) to be reimbursed to you or paid to someone else. You **MUST** tell us which program or designated account is to be charged for this expense. **GIVE THIS FORM** to your committee or program chairperson for approval, and they will forward it to the Treasurer for payment. Failure to obtain approval will only delay your reimbursement or payment, so please respect this request.

ATTACHED: Receipt Other Explain: _____
Invoice _____
Bill _____

MAKE CHECK PAYABLE TO: _____

MAILING ADDRESS: _____

**CHARGE THE FOLLOWING EXPENSE ACCOUNT(S) OR DESIGNATED FUND(S)
WITH THE AMOUNTS INDICATED FOR EACH:**

OPERATING BUDGET ACCOUNTS:

DESIGNATED ACCOUNTS:

EDUCATION	\$ _____	FLOWERS	\$ _____
EVANGELISM	_____	LOVE OFFERING	_____
MISSIONS	_____	(Indicate Beneficiary: _____)	
NURTURE & OUTREACH	_____	LOVE YOUR NEIGHBOR	_____
WORSHIP	_____	RIVER OF LIFE	_____
YOUTH	_____	TRUSTEE BUILDING FUND	_____
OFFICE	_____	TRUSTEE SOUND ROOM	_____
CHURCH BUILDING MAINTENANCE	_____	YOUTH	_____
CHURCH GROUNDS MAINTENANCE	_____	OTHER (Please explain)	_____
PARSONAGE MAINTENANCE	_____		_____
VEHICLE MAINTENANCE	_____		_____

Your Signature

Approval Signature

Approval Date

Date received by Treasurer

Date Paid

Check Number

Check Amount