

CHECK REQUEST FORM

(To make a purchase or receive a reimbursement)

ATTACHED COPY OF RECEIPT OR INVOICE REQUIRED

(Itemize reimbursements on the reverse side if needed)

Date: _____

Requestor: _____, Contact # _____

Ministry Budget: _____, Sub-account: _____

Budgeted Expense: _____ Non-Budgeted Expense: _____ (Please see Note below)

PURPOSE: _____

Please also explain in the "Purpose" the plan to recover revenue if this is a non-budget expense or there is a limited budget allowance (i.e. selling tickets). Or, state "no revenue recovery plan" with an Elder's approval.

Pay to the Order of: _____

Address: _____

Amount of Check: \$ _____

Date Check Needed: _____ (Please allow at least 1 week for check requests)

Mail Check: _____ Will Deliver: _____

NO CHECK OR REIMBURSEMENTS WILL BE GIVEN WITHOUT APPROVAL(S) BELOW

Approved By: (Must have a signature)

Ministry Leader

Date

Treasurer or Elder (If over \$500.00)

Date

