



Purchase/Check Request Form

Date: _____

Ministry Name: _____

Account to Be Charged: _____

Name of Individual/Business: _____

Address: _____

City, State, ZIP: _____

Purpose and Item Numbers, if applicable: (use back of sheet, if necessary)

Is this expense included in your approved budget? Yes No

Amount Requested: \$ _____ Date Check Needed: _____

Credit Card Store Account Check

Place Check: In U.S. Mail In Ministry Box

Other (please specify) _____

Required Signatures

Ministry Leader: _____ Phone Number: _____

or

Staff Member: _____ Phone Number: _____

Church Administrator: _____ Phone Number: _____

Honorariums must include a W-9, and original receipts must be provided for reimbursements. ALL requests must include a copy of the approved budget for the year that includes the activity/event funds are being requested for.

Check #: _____

Check Date: _____

