



Check Request Form

Basic Info

Check Payable to: _____

Invoice Date: _____

Address: _____

(If applicable) Invoice #: _____

(If applicable) Customer #: _____

_____ Please mail this check to the payee

_____ Check will be picked up by _____ in the church office
Name

Unique Info

_____ Is this for a 1099 vendor?

_____ If yes, do we have a W-9 on file?

_____ Is this a request for a down payment on an event?

_____ If yes, do we have the contract on file?

_____ Is this request for a cash advance?

If yes, give details

Account Info

| Campus | Ministry | Acct Name | Description of Expense | Amount |
|--------|----------|-----------|------------------------|----------|
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | \$ _____ |
| Total: | | | | \$ _____ |

Approval

Ministry Leader

Approval: _____

Requestor's Phone Number: _____

Administrator

Approval: _____

You must obtain Ministry Leader signature before submitting this form to the office.