

# CHECK REQUEST FORM

(To make a purchase or receive a reimbursement)

## ATTACHED COPY OF RECEIPT OR INVOICE REQUIRED

(Itemize reimbursements on 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 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 signature)

\_\_\_\_\_  
Ministry Leader

\_\_\_\_\_  
Date

\_\_\_\_\_  
Treasurer or Elder (If over \$500.00)

\_\_\_\_\_  
Date

