



## CHECK REQUEST FORM

|  |                     |
|--|---------------------|
| Date: <u>7/14/2014</u>   | Organization: _____ |
| Make check payable to: _____   |                     |
| Address: _____   |                     |
| Date Needed: _____   | Amount: _____       |
| Disbursement: <input type="checkbox"/> Return to requester <input type="checkbox"/> Mail direct <input type="checkbox"/> Hold for Pickup |                     |

EXPLANATION: Attach all pertinent documents, invoices, receipts, etc.

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Requested by: \_\_\_\_\_  
Signature

Approved by: \_\_\_\_\_  
Pastor, Principal, and/or Coordinator

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|----------------------------|---------------------|
| <b>FOR OFFICE USE ONLY</b> |                     |
| Date Received: _____       | Date Paid: _____    |
| Check Number _____         | Check Amount: _____ |