



CHECK REQUEST FORM

DATE OF REQUEST	
DATE CHECK NEEDED BY	

AMOUNT OF CHECK	
NOTE: PLEASE ALLOW TWO WEEKS BETWEEN REQUEST DATE AND DATE CHECK IS NEEDED FOR PROCESSING	

MINISTRY NAME	
MINISTRY REPRESENTATIVE SIGNATURE <i>President or committee/program head.</i>	

MAKE CHECK PAYABLE TO					
(please complete all information. This is the name of the person or business the check should be make payable to as well as the address of the person or business.)					
FIRST NAME		LAST NAME			
BUSINESS NAME (if applicable)					
ADDRESS					
CITY		STATE		ZIP	

PURPOSE OF CHECK (please provide as much detail as possible)

FOR OFFICE USE ONLY					
APPROVED BY					
CHECK NUMBER		CHECK DATE		AMOUNT	
CHECK WRITTEN BY		SECOND SIGNATURE ON CHECK			

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