

## CHECK REQUEST FORM

Name		Date	
Ministry		Amount Requested	

Purpose of Funds	

Make check payable to: \_\_\_\_\_

If the check is to a vendor, please provide vendor information:

Address	
Telephone	
Invoice #	

Date funds are needed: \_\_\_\_\_

Has a budget been completed?     Yes or     No.    If yes, submit budget with this form.

Completion and submission of this form does not guarantee the funds. The Administrative Staff reserves the right to determine the necessity of the requested funds and make alternate suggestions. The funds will be provided as they are available.

Upon initial planning of the event or purchase it is important to receive approval from the Administrator. Complete this form in its entirety, making certain to give detailed information and explanation. Allow at least thirty (30) days for budget review and processing. Once approval has been made, the turn-around time for funds will occur as needed.