Check Request Form

Form is not valid unless all grayed areas are completed

Voucher # _____ Date Submitted _____ Date Needed _____

Please Check One: Pick up ☐ Mail ☐

Payment authorization request submitted by:

Instructions:
Submit a completed form along with original or copy of all receipts to the Director of Finance for approval. Check Requests will be processed within 14 days.

_____ _____ _____
(First Name) (Last Name) (Contact Number)

_____ _____ _____
(Address) (City, State) (Zip)

Person/Company to be paid (as it should appear on a check)

_____ _____
(Name to be printed on check) (Contact Number)

_____ _____ _____
(Address) (City, State) (Zip)

_____ _____ _____ _____
(Chart of Account Number) (Amount) (Chart of Account Number) (Amount)

Description/purpose of expenses (if an event, please include date):

	ITEMS	COSTS

TOTALS $_____

Ministry Leader Signature: _____ Date: _____

** I affirm that all requested funds will be used only for the express purpose stated. I further certify that I am in compliance with the leadership requirements set forth by Word Tabernacle Church.

Official Use only—Authorize Approval Signature **Check #** _____

_____ _____ _____ _____
Authorize Signature Date Authorize Signature Date