

## Request For Check Form

Checks to be picked up by: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Date Submitted \_\_\_\_\_ Date Due \_\_\_\_\_

Ministry Name or Organization to be charged \_\_\_\_\_

Account Number \_\_\_\_\_ Amount \_\_\_\_\_

Contact Person Name \_\_\_\_\_

Email \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Reason for Funds \_\_\_\_\_

Are Funds Approved in your Budget? Yes \_\_\_ No \_\_\_

Required Receipts Attached? Yes \_\_\_ No \_\_\_ Mail Check: Yes \_\_\_ No \_\_\_

If no (explain) \_\_\_\_\_

### Approvals

\_\_\_\_\_  
Ministry Head Printed Name Signature \_\_\_\_\_ / /  
Date

\_\_\_\_\_  
Ministry Treasurer/Designee Signature \_\_\_\_\_ / /  
Printed Name Date

Payable To \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

- All fields **MUST** be completed. Incomplete forms will be returned to the requestor.
- Maryland State Sales Tax **WILL NOT** be paid or reimbursed. See the Administrative Staff for tax ID number before making your purchase or making an obligation to the Church for payment.

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### Finance Office Use Only

Expenditure Approved By (Finance Office Representative) \_\_\_\_\_

Check Number: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_\_ Amount \$ \_\_\_\_\_