



**Check Request Form**

Requester: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Ministry Area: \_\_\_\_\_ Ministry Team: \_\_\_\_\_

Request Check Payable to: \_\_\_\_\_

Requested Amount of Check: \_\_\_\_\_

Please provide an explanation of each item, the associated cost and vendor:

Item Description and Cost:	Vendor:

Was this expense budgeted and approved prior to request?  Yes  No

Ministry Area Approval: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

(For Administrative Use Only)		
Check Request Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check payable to: _____		
Check number: _____	Date of Payment: _____	Amount of Payment: _____
Request Processed by:		
_____	_____	_____
(Printed Name)	(Signature)	(Date)