

**Church of the Redeemer Baptist
CHECK REQUEST FORM**

Request Date _____ Amount Requested: _____

Check Payable To: _____

Mailing Address: _____

Name of Church Ministry: _____

Purpose for Request: _____

Date Check Need By: _____

SIGNATURES APPROVALS:

Ministry Chair: _____ Date: ____/____/____

Ministry Treasurer: _____ Date: ____/____/____

Trustee Ministry: _____ Date: ____/____/____

TO BE COMPLETED BY CHURCH ADMINISTRATION ONLY

Budgeted Expenditure: Y / N

Request Approved: Y / N

Check No. _____

Check Date: ____/____/____

Total Refunded: \$ _____

Total Receipts \$ _____

Reason for Denial: _____

Check Void Date: ____/____/____

Date Returned: ____/____/____

ALL CHECK REQUESTS MUST BE SUBMITTED TO THE BUSINESS MANAGER DURING NORMAL BUSINESS HOURS (MONDAY-FRIDAY, 9AM UNTIL 5PM) **2 WEEKS PRIOR TO THE DATE NEEDED**. FOR BUDGETED EXPENDITURES, ALL RECEIPTS AND REFUNDS MUST BE SUBMITTED TO THE BUSINESS MANAGER **NO LATER THAN 7 DAYS AFTER THE EVENT**.