



## Church of the Redeemer Baptist Inc Check Request Form

Request Date: \_\_\_\_\_ Amount Requested: \$ \_\_\_\_\_ Date Needed By: \_\_\_\_\_

Check Payable To: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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Name of Ministry/Event: \_\_\_\_\_

Purpose of Request: \_\_\_\_\_

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### **TWO OFFICER'S SIGNATURES REQUIRED PRIOR TO APPROVAL**

Ministry/Event Chair: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ministry/Event Treasurer: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ministry/Event Other Officer: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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### **TO BE COMPLETED BY CHURCH ADMINISTRATION ONLY**

Request Approved: Y / N

Budgeted Expenditure: Y / N

Check No.

Check Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Total Payment: \$

Receipts Required: Y / N

Total Receipts Attached: \$

Reason for Denial: \_\_\_\_\_

Trustee/Business Manager Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

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 EXENDITURES, ALL RECEIPTS AND REFUNDS MUST BE SUBMITTED TO THE BUSINESS MANAGER **NO LATER THAN 7 DAYS AFTER THE EVENT**.