

# CANAAN

Missionary Baptist Church

## CHECK REQUEST FORM

Date of Request: \_\_\_\_\_ Date Needed: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Payee Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Tax I.D. Number: \_\_\_\_\_ Amount of Request: \$ \_\_\_\_\_

Is this a Budgeted Expense?

- YES  
 NO

Briefly indicate which budgeted event the expense relates to, or explain the purpose of the unbudgeted expense. \_\_\_\_\_

Which Ministry does this expense relate to?: \_\_\_\_\_

Is the receipt or invoice attached?

- YES  
 NO (If no explain why not): \_\_\_\_\_

~ Please mark the box which applies:

- I would like the check mailed  
 I would like to pick up the check  
 Other

\_\_\_\_\_  
For use by church accounting team only

Approved by: \_\_\_\_\_ Date approved: \_\_\_\_\_

Check Number: \_\_\_\_\_ G/L Account Number: \_\_\_\_\_

