



Check/Purchase Order Request

Today's Date: ____/____/____

Please complete this form and return to the church office. Full name and address is required since checks will be mailed to the payee.

Payee: _____

Address: _____

City/State/Zip: _____

Ministry Budget to be charged: _____

Amount: \$ _____

Date Check is Needed: ____/____/____

(Please allow at least two weeks for request to be processed. Checks are written twice monthly)

Reason for request: (Attach all invoices or receipts to this form): _____

Payment for goods/services or invoice number: _____

Reimbursement

(Reimbursements for amounts above \$100 must be approved in advance by the Finance Committee, others must be approved by head of the ministry to be charged)

Approval of Ministry Leader: _____

Approval of Finance Committee: _____

(For reimbursements over \$100)

Office Use Only

Purchase Order Number Assigned to this request: _____

All receipts, invoices or backup documentation attached: yes no

If no, request will not be submitted for payment until items are received.

Signed by Ministry Leader: yes no

No check will be issued without Ministry Leader approval.