

# CHECK REQUEST FORM

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Today's Date: \_\_\_\_\_

Requested by: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

This request is for: (Please check one)     FFC    or     SACA

Department: \_\_\_\_\_

Reason for check: \_\_\_\_\_

\_\_\_\_\_

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## MAKE CHECK OUT TO:

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Amount Requested: \$ \_\_\_\_\_

Date Needed: \_\_\_\_/\_\_\_\_/\_\_\_\_    Time: \_\_\_\_/\_\_\_\_ am/pm

Distribution Instructions: \_\_\_\_\_

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*(Checks over \$200.00 must be approved by Pastor Wayne, Sister Gerri (SACA), or the Associate Pastor over your ministry.)*

Approved by: \_\_\_\_\_

*Signature*

\_\_\_\_\_

*Title*

\_\_\_\_\_

*Date*

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## DOCUMENTS ATTACHED:

Quote             Invoice             Contract/Agreement

Other (explain) \_\_\_\_\_