

FINANCIAL ACTIVITY CHECK REQUEST FORM

Ministry/Committee: _____ Date: _____

Account # _____ Remaining Budget Balance: \$ _____

Payable To: _____ Requested Amount: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Purpose: _____

When needed: _____ Mail check: yes no

Signature: _____ Approved: _____ Date _____

FOR ACCOUNTING USE ONLY

Check # _____ Issued by: _____ Date: _____ Issued to: _____

Note

This form will be used for each check request. Proper and consistent use of this form will ensure adequate documentation of all financial transactions.

Procedures

- **Verbal request for checks will not be honored.**
- Complete form and submit to finance office no later than Wednesday Noon.
- Attach invoice or receipts as needed.
- Checks are normally available for pick-up on Friday if request was made by deadline.
- In some cases, your request may not be approved for a variety of reasons. If so, you will be notified as soon as possible. Please be reminded to remain within the requested amount and your assigned mission.
- All receipts associated with purchases must be turned in within 2 business days of completion of transaction.

Please use original request form