

St. Paul Baptist Church Check Request Form



Date Submitted: _____ Date Needed: _____ **Office Use Only** 1099 Compensation

Pay to the order of: _____

Amount requested: \$ _____

Ministry Team Requesting _____

Please clearly state reason for request: _____
(Who, What, Why, & Where)

Check delivery method: **Pick-up** **Mail** **N/A - E-pay** **N/A - Credit Card Request**

Mailing address:

Name (if different from whose name is to appear on check): _____

Address _____

City _____ State _____ Zip _____

Authorized Signatures

Requestor's Signature: _____ Phone: _____

Ministry Team Leader's Signature: _____ Phone: _____

Staff Advisor's Signature: _____ Date: _____

(Required for all ministry team requests)

Office Use

Account Code/Name: _____

Account Code/Name: _____

Account Code/Name: _____

Budget Status: Budgeted Item Non-Budgeted

Payment Type: Recurring Expense One-Time Expense Reimbursement Advance Payment

Pay Method: Check Payment E-payment (Credit) E-payment (Direct Debit)

Approval Signatures

Finance Chairman _____ Date: _____

Treasurer _____ Date: _____

Church Administrator _____ Date: _____