



# CHECK REQUEST FORM

(Please submit completed form to church business officer at [paseobaptistchurch@kc.rr.com](mailto:paseobaptistchurch@kc.rr.com) or via fax to 816-921-8313 at least one month before your event.

Attach any invoices, quotes, receipts or other necessary documentation to assist with processing this request)

**NOTE:** Checks are processed on the 10<sup>th</sup> and 25<sup>th</sup> of each month

DATE OF REQUEST: \_\_\_\_\_ REQUESTOR: \_\_\_\_\_

MINISTRY: \_\_\_\_\_ DATE REQUIRED: \_\_\_\_\_

REQUEST FOR: \_\_\_ EQUIPMENT \_\_\_ FOOD \_\_\_ SUPPLIES \_\_\_ OTHER \_\_\_\_\_

PURPOSE OF REQUEST: \_\_\_\_\_

IS THIS A BUDGETED ITEM: \_\_\_ YES \_\_\_ NO \_\_\_ OTHER \_\_\_\_\_

### MEMBER/VENDOR INFORMATION

COMPANY/MEMBER NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ST: \_\_\_\_\_ ZIP: \_\_\_\_\_

FEDERAL TAXPAYER ID# (If applicable): \_\_\_\_\_

LINE ITEM	QTY	DESCRIPTION	UNIT PRICE	TOTAL
<b>TOTAL CHECK AMOUNT:</b>				_____

### APPROVALS:

MINISTRY LEADER : \_\_\_\_\_ DATE: \_\_\_\_\_

TRUSTEE: \_\_\_\_\_ DATE: \_\_\_\_\_

PASTOR: \_\_\_\_\_ DATE: \_\_\_\_\_