

Check Request Form

Date Requested: _____

Date Paid: _____ Ck#: _____

Due Date: _____

Payee Information	Name to appear on check:		Soc. Sec. #/Ind. Taxpayer ID.	
	Address 1			
	Address 2			
	City	State	Zip	

Is the Payee or Beneficiary a U.S. Citizen or Permanent Resident Alien? YES NO

Payee Signature: _____

Justification & Delivery	Reason for Expense			
	Check Disbursement Instructions			
	<input type="checkbox"/> US MAIL <input type="checkbox"/> PICK UP <input type="checkbox"/> MAIL WITH ENCLOSURES			

FUNDING SOURCE/ACCOUNT TO BE CHARGED & AMOUNT

ACCT #	AMOUNT	ACCT #	AMOUNT	ACCT #	AMOUNT
6202 WIC		6804 Copies & Printing		6707 Assist. Pas. R	
6203 MIA		6805 Postage Expense		6304 Youth refresh	
6302 Family Ministry		6806 Computer S & R		7101 Mortgage	
6303 Refreshments		6807 Copier Lease & Repair		6714 HSA Staff	
6402 VBS		6812 Auto Maintenance		6508 Home Sch. Exp.	
6404 Children's Ministries		6813 Bldg. Maintenance		6602 MAT Conf.	
6406 ESL		6814 Furn.Fix & Equip.		6603 Presbytery Sup	
6407 Outreach		6819 Miscellaneous		1000 Gen. Offerings	
6501 Adult Ed		6111 Honorariums			
6502 Young Adult Ed		6122 Sheet Music		Summer Missions	
6503 Children's Ed		6123 Piano Tuning			
6504 Nursery Ed		6124 Av Equip. & Supplies		MAT- S/ T Missions	
6505 Library		6125 Flowers		MAT- Emer. Fund	
6506 Youth Ministry		6703 Pastor Ins.		MAT- Outgoing Exp.	
6507 Youth Missions Trips		6704 Pastor Ret.		MAT- Pastor Travel	
6410 Advertising		6722 Pastor Exp.		MAT- Vis. Mission	
6801 Telephone		6733 Staff Ins.		MAT-Other	
6802 Utilities		6741 Pianists			
6803 Office Supplies		6601 Missions			

PROCEDURE TO COMPLETE A CHECK REQUEST FORM

Total Due: \$ _____

SECTION #1: PAYEE INFORMATION

Enter all payee information exactly as it is to appear on the check including a complete mailing address

1. Individuals must provide a social security or taxpayer I.D. number
2. An unincorporated entity (a business that is not incorporated) must provide a federal I.D. number
3. If the payee is an individual, indicate citizenship status

SECTION #2: JUSTIFICATION AND DELIVERY

Enter the reason for the expenditure, referring to the appropriate budget account number to be charged listed below with the amount.

1. Select the appropriate box for delivery.

SECTION #3: FUNDING SOURCE

1. Select the appropriate funding source and amount to be paid.