



# FIRST MEMORIAL BAPTIST CHURCH

## CHECK REQUEST FORM

**Note: All original receipts must be returned to the Finance Office within 5-7 days of receipt of check.  
Any amount over the check total must be returned to the Finance Office.**

Name of Ministry: \_\_\_\_\_

Ministry Account Number: \_\_\_\_\_

Date Needed: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Vendor or Payee: \_\_\_\_\_

Vendor or Payee Address: \_\_\_\_\_

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

What is being purchased? (Please provide details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mail to Payee: YES or NO

Requester will Pick up at Church: YES or NO

Remarks: \_\_\_\_\_

\_\_\_\_\_

Requested By: \_\_\_\_\_

Date: \_\_\_\_\_

### **FOR OFFICE USE ONLY:**

Authorized By: \_\_\_\_\_

(Pastor, Church Administrator, Director of Ministries or Finance Ministry Designee)

**NOTE: All requests \$500 and above will require the Pastor's signature.**

Date: \_\_\_\_\_

CK Number: \_\_\_\_\_

CK Signee: \_\_\_\_\_

Adjustments: \_\_\_\_\_