



# CHECK REQUEST FORM

NEW HOPE FRIENDSHIP MISSIONARY BAPTIST CHURCH

D.R. Anderson, Pastor

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phone 619/234-5506 fax 619/696-8932

*Your check request must be signed by your Ministry Head and approved by the Chairman of the Board of trustees or the Trustee assigned to your ministry before a check will be issued. Check requests must be submitted to the Business Administrator's Office with the aforementioned signatures at least seven (7) days before a check is needed. If requesting a reimbursement, please attach copies of paid invoices and/or receipts. Travel receipts and/or Travel Expenses Reports must be submitted within 21 days of travel. Internal Advance Receipts Must Be Turned In Within 14 Days Of Event.*

Today's Date	Date Needed
Requested By	Contact Person
Contact Phone	Contact Email
Department	Account #

Amount Requested\$
For:

Pay to The Order Of:	
Address:	
City, State, Zip:	
Telephone Number:	FAX:
Email:	

Is there information to be included with this check?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is this check a reimbursement for items purchased? <i>(If yes, please attach copies of paid invoices and/or receipts)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Check Handling:	MAIL <input type="checkbox"/>	MINISTRY HEAD <input type="checkbox"/>	PASTOR <input type="checkbox"/>	OTHER <input type="checkbox"/>
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Special Handling
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Ministry Leader Print Name	Signature
Ministry Treasurer Print Name	Signature
Trustee Approval Print Name	Signature
Administrator Approval Print Name	Signature

<b>For Office Use Only</b>	
Date Issued	Check #
Acct.#	Dept. #
Acct.#	Dept. #

PLEASE COMPLETE EXPENSE ESTIMATES ON THE BACK OF THIS FORM.

	Estimated Amount	Actual Amount
Food Items		
Games/Prizes		
Decorations		
Flowers		
Other (specify)		

Total Advance Expense (same as Amount Request on front of this form)		
Amount Returned		
Total Actual Expense		