

CHECK REQUEST FORM

High Point Educational and Missionary Baptist Association

PO Box 17336. Winston-Salem, NC 27116

*Date Submitted: _____ *Date Needed: _____

*Check Delivery Method (i.e. Mail, Picked Up,): _____

*Payable to: _____

*Address: _____

*City: _____ *State: _____ *Zip: _____

*Organization/Ministry to be charged: _____ Account #: _____

*Amount Requested: _____ *Contact Person: _____

*Contact's Phone: _____

*Are funds approved in your budget? Yes No
(explain) _____

*Are the required receipts attached? Yes No
(explain) _____

*Authorized Signature: By Organization/Ministry President/Head:

****Voucher will not be processed unless these fields are completed.***

****All requests must be turned in two (2) weeks prior to date needed.***

*FOR OFFICE USE ONLY

Check Number: _____ Check Amount: _____

Remaining Balance in account credited: _____

(Please circle one) Expenditure Approved or Denied – Reason if Denied:

Signature of Finance Ministry Representative who completes request

Date: _____

Signature of Finance Ministry Representative who completes request

Date: _____