

TEMPLE MISSIONARY BAPTIST CHURCH

**CHECK REQUEST FORM**

Today's Date: \_\_\_\_\_

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

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

**If Designated Monies:**

Ministry/Event: \_\_\_\_\_

Amount of this Request: \_\_\_\_\_

Ending Balance : \_\_\_\_\_

Check Payable to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Expenditure Item Description:**

**Amount :**

1.	_____	\$	_____
2.	_____	\$	_____
3.	_____	\$	_____
4.	_____	\$	_____
5.	_____	\$	_____

**Authorized Signatures:**

Chairperson ( ) Treasurer ( ) Other Requester ( ): \_\_\_\_\_

Print Name \_\_\_\_\_ Sign \_\_\_\_\_

( ) Executive Pastor or ( ) Designee:

Print Name \_\_\_\_\_ Sign \_\_\_\_\_

Comments: \_\_\_\_\_

**ACCOUNTING OFFICE**

Prepared by \_\_\_\_\_ Check # \_\_\_\_\_ Amt \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ Amt \_\_\_\_\_ Date \_\_\_\_\_

Account Number: \_\_\_\_\_ Department: \_\_\_\_\_

Approved by \_\_\_\_\_