



House of Prayer

Ministries by Faith

Check Request Form

Event Details:

Ministry Name:		Date Submitted:	
Request Submitted by:			
Event Name:			
Event Form Approval Date:			
Requested Check Amount:			
Check Date:			
Describe the items or service that will be purchased using the requested funds. ATTACH quote to this request.			

-----Office Use Only-----

Approved: _____ Approval Date: _____ Amount: _____ Check #: _____

Notes:

Signature

Title