



CHECK LIST

- ___ 1. Needs Ministry Director Approval and Signature
- ___ 2. Needs Pastoral Approval and Signature
- ___ 3. Submit 1st Wednesday of the month, in order to be processed by 2nd Sunday
- ___ 4. Reimbursements distributed 2nd and 4th Sundays
- ___ 5. Checks can be retrieved from the Resource Room in the W.I.S.D.O.M. slots

CHECK REQUEST

Submitted by: _____ Date and Time Submitted: _____ AM PM

Circle One: Worship - Institutional Advancement - Shepherding - Discipleship - Outreach
 Ministry Placement - Administration - Building

Make Check Payable To: _____ Ministry: _____

Name: _____ Phone: () _____

Address: _____

City: _____ State: _____ Zip Code: _____

For Office Use Only		Event/Item Description	Date Due	Amount
QB Acct. #	Class			
Total				

Check All That Apply: Reimbursement (attach receipts) Cash Advance
 Budgeted Non-Budgeted

Reconciliation for Cash Advance
 remaining funds \$ _____
 expenses exceed by \$ _____

Description, Purpose of Request, or Special Instructions (attach documents)

Check All That Apply: Mail Pick-up Special Instruction (Please specify) Reconciliation

Signature: _____ Email: _____
 (Individual submitting form)

Note: If the Cash Advance box is checked, please complete the Cash Advance Reconciliation and attach receipts. Prior cash advances must be closed out before additional funds will be distributed.

For Office Use Only

Check Number: _____ Check Date: _____ Check Amount: _____

Approval	Initials	Date:
Ministry Director:	_____	_____
Senior Pastor:	_____	_____

Disapproved Initials: _____
 Reason for disapproval: _____