

**TO BE COMPLETED BY MINISTRY LEADER**

Date of request	Date check needed	
Check amount	\$ (if reimbursement, attach receipts)	
Payable to		
Deliver to		
Purpose		
Ministry/Dep't	Account #	
Leader signature		
Budget limit	\$ Balance after check	\$

**FOR OFFICE USE ONLY**

Money available?	___ Y / ___ N	Balance confirmed?	___ Y / ___ N
Date check issued		Check number	

NOTES