Check or Credit Card Request Form

|  |  |  |  |
| --- | --- | --- | --- |
| Date of Request: |  | **Purpose:**  Credit Card Request  Check Request | |
|  |
| Payable To: |
| Mail To: |
| Amount of Check: $ |
|  |  | | |
| **Detailed description or explanation for the expense** | | Expense Item Approved in Budget (Yes/No) | Cost |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | |  | $ |
|  | | **Total:** | $ |
| Person Requesting Check/Credit Card:  Department Head Signature:  Date funds are Needed: | | | |
| Approved By:  Pastor, Chairman or Assistant of Deacon Board, | | | |
|  | | | |