Check or Credit Card Request Form

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| --- | --- | --- |
| 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, |
|  |