



# 16TH STREET CHECK REQUEST FORM

PAYEE INFORMATION	Name To Appear On Check:		Invoice / Quote #	Soc. Sec. / Ind. Taxpayer I.D.  _____ (Required for Individuals)	
	Address 1:				
	Address 2:				
	City:	State:	Zip Code:		Fed. I.D.  _____ (Required for Businesses)
	Check Requested By:		Signature:		

JUSTIFICATION & DELIVERY	Ministry Supported:	Date Needed By:
	Reason for Expenditure:	
	Check Distribution Instructions: <input type="checkbox"/> US MAIL <input type="checkbox"/> PICK UP <input type="checkbox"/> MAIL WITH ENCLOSURES <input type="checkbox"/> PLACE IN CHURCH BOX	

FUNDING SOURCES		<b>DEPARTMENT NAME</b>	<b>DEPARTMENT CODE</b>	<b>AMOUNT REQUESTED</b>	<b>TOTAL AMOUNT REQUESTED</b>
	DEPARTMENT #1		#	\$	
	DEPARTMENT #2 (If Any)		#	\$	
	DEPARTMENT #3 (If Any)		#	\$	
	Special Instructions:				\$

APPROVALS	<b>Department Head's Name</b>		Is this a request for Reimbursement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	"DO NOT SIGN IF YOU ARE REQUESTING CHECK TO BE WRITTEN TO YOU OR AMOUNT IS OVER \$1000.00.....Administrative Pastor Must Sign"			
	<i>Print Name:</i>	<i>Signature:</i>		Date:
	<b>Administrative Pastor's or Senior Pastor's (In absence of Admin Pastor) Name</b> (Required if Department Head is Requesting Monies for Themselves AND/OR Amount is Over \$1000.00)			
	<i>Print Name:</i>	<i>Signature:</i>		Date:
	Finance Committee Chairperson's Name (required if request is not budgeted)		Amount Recommended: \$	
	<i>Print Name:</i>	<i>Signature:</i>		Date:
If Expenditure Amount Is Not In Your Budget has it been approved by the Church Board? <input type="checkbox"/> Yes <input type="checkbox"/> No    Date Contained in Board Minutes:				
<b>Name of Clerk / Church Secretary (Must be signed/dated by Clerk/Secretary) :</b>				
<i>Print Name:</i>	<i>Signature:</i>		Date:	
<b>Treasurer's Name</b>		Is this a request accounted for in the departments budget? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Print Name:</i>	<i>Signature:</i>		Date:	

OFFICE USE ONLY			
PURCHASE ORDER # _____ (if applicable)	CHECK NUMBER# _____	AMOUNT \$ _____	DATE OF ISSUANCE: _____
Attach Invoice, Disbursement Voucher, or Other Supporting Documents to this Form.			FORM 16 CHKREQ (rev 3/30/2012)