

Maranatha SDA Church
Check Request Form

Date: _____

Requestor: _____ Phone# _____

Department Name: _____

Make Check Payable To: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Check Amount: _____ Purchase Order# _____
(if applicable)

Purpose (in detail, please): _____

I request the above funds to be disbursed from my: (check one)

Departmental funds _____

Budget _____

I certify that I have met with my department members and have received approval for the disbursement of these funds. I will return all original receipts and change within two weeks of receipt of the requested check. Failure to provide documentation for this disbursement may cause this to be reported to Internal Revenue Service as taxable income to the payee.

Signed: _____ 2nd Associate _____

For Treasury Department Use: Check# _____

Checks requested by Monday will be available for pickup by Wednesday. Checks requested by Wednesday will be available by Friday.