

## Jenison Bible Church Check Request

### Payment Information

Payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mail Check:  Yes  No

Total Amount Due: \$ \_\_\_\_\_ Date Payment is Due: \_\_\_\_\_

Description / Other Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Account Distribution

Charge to (Ministry)	Description of Purchase	Amount	Approval (Initials)
Total			

*Please print legibly, fill out form completely, and obtain needed initials / signatures*

By signing this document, I confirm the following criteria have been met:

- All receipts/invoices applicable to this request have been attached.
- Approval has been granted for the requested funds and the person responsible for the effected budget has indicated their approval by initialing the request above.
- Necessary measures were taken to ensure sales tax was not included because the church is tax exempt.
- The information provided above is accurate and the necessary fields have been filled as completely as possible to ensure accurate and timely distribution of funds.

Printed Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Contact Phone \_\_\_\_\_ Contact E-mail \_\_\_\_\_

**SUBMIT FORM & RECEIPTS TO BOOKKEEPER (Box #58)**

For Bookkeeper Use:

Date Paid: \_\_\_\_\_ Account Charged: \_\_\_\_\_ Ck #: \_\_\_\_\_ Initials: \_\_\_\_\_