

Faith Community Church Check Request Form

Date of request: _____

Make check payable to: _____

Amount of check: _____ Date needed: _____

Description of expense: _____

Budget categories (required): _____

Check requested by: _____

Contact phone no. or email: _____

Expense approved by (signature required): _____

Check delivery:

_____ Mail the check to my address in the church directory

_____ Mail the check to the following name and address:

Instructions:

The check request must be signed by a staff person or an elder with responsibility for the budgeted expense.

The completed check request should be returned to Betty Ann Horne at the church office or emailed to Jeff Horne at jhorne@faithcommunitychurch.org.

For reimbursement of expenses that you have incurred, please attach (or scan and email) clearly marked receipts showing the expenses being reimbursed.

If you have questions, contact Betty Ann Horne at the church office or contact Jeff Horne at the email address above.