CHECK REQUEST FORM

All Souls Community Church
Of West Michigan
Attn: Accounting
PO Box 150082
Grand Rapids, MI 49515-0081

TODAY'S DATE / /

Payee Name _____

Address _____

_____

Reason For Purchase

Purchase Date	Budget Line Item	Description	Total
/ /	RELIGIOUS EDUCATION PROGRAM		
/ /	NEWCOMERS		
/ /	COVENANT GROUPS		
/ /	COMMUNITY LIFE		
/ /	OFFICE SUPPLIES EXPENSE		
/ /			
/ /			
/ /			
/ /			
	**** Attach Recepit(s) to Back of Form **** ****Make Copies for Your Own Records****	**Total**	$ -

SUBMITTED BY: _____ ( ) - / /
NAME PHONE DATE

APPROVED BY: _____ ( ) - / /
NAME PHONE DATE

INSTRUCTIONS: The Committee or Program Chair person should be consulted prior to anyone undertaking any expense. This will give the Committee or Program Chair person an opportunity to review the budget and assess their program's needs.

A) All requests must be submitted within 30 days of actual expense.

B) Complete Check Request Form, allocating the expense(s) to the appropriate budget line item.

C) Attach original or copies of receipt(s). *OR* If this is a request is for a future expense, provide receipt(s) to accounting after expense is incurred.

D) Submit Check Request Form to Committee or Program Chair person for approval. Chair person should document the expense within the committee or program budget. If Chair person is making this request, submit to Co-Chair for approval. If a Chair or Co-Chair is not applicable, submit directly to Vice President of Finance for approval.

E) Submit approved request to Vice President of Finance or to the accounting person by the second or last Sunday of the month.

Payment will be issued for the first or third Sunday of the month following receipt of the approved request. Check will be provided to the President of All Souls or Vice President of Finance for authorized signature and delivery to Payee.

ACCOUNTING USE *Date Request Received:* *Date Check Issued:* *Check #*

Notes: *Amount:*

Last Revised: March,01 2005