



CHECK REQUEST / CREDIT CARD / RECEIPTS FORM

CHOOSE ONE: _____ CHECK REQUEST _____ CREDIT CARD _____ RECEIPTS

DATE: _____

NAME OF MINISTRY: _____

NAME OF REQUESTOR: _____

MINISTRY LEADER SIGNATURE: _____

CHECK PAYABLE TO: _____

AMOUNT: _____ DATE NEEDED: _____

HOW WOULD LIKE TO RECEIVE CHECK? _____ BY MAIL _____ IN PERSON ON SUNDAYS (12-1PM)

IF YOU WANT US TO MAIL THE CHECK, PLEASE GIVE MAILING ADDRESS BELOW:

DESCRIPTION:

PLEASE TURN IN AT CHURCH OR EMAIL TO BUDGET@JBCHOPKINS.ORG & TREASURER@JBCHOPKINS.ORG

APPROVAL: *(Please attach Program Approval Form)*

Budget Chairperson

Trustee Chair or Designee

FOR TREASURER USE ONLY:

CHECK DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____

Treasurer Signature