Jerusalem
BAPTIST CHURCH OF HOPKINS
SOUTH CAROLINA

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:

_____

_____

_____

_____

_____

APPROVAL: *(Please attach Program Approval Form)*

_____ _____

Budget Chairperson Trustee Chair or Designee

FOR TREASURER USE ONLY:

CHECK DATE: _____

CHECK NUMBER: _____

CHECK AMOUNT: _____ _____

Treasurer Signature

11/2020