

Hill Chapel Baptist Church

Check Request Form

Submit form with appropriate documentation (30) thirty days in advance of needing funds.
Receipts must be turned in to support disbursement request within (30) thirty days of submission!

Submission Date:

To: Trustee Ministry

From:

Disbursement Request

Reason for Request:

Amount Requested: \$

Check Needed By:

Check Payable To:

Requesting Ministry Authorized Signatures:

Name

Title

Name

Title

Processing Request

Trustee Ministry Received Request On:

Check Authorized On:

Check #

Amount: \$

Bookkeeper Logged Request On:

Bookkeeper's Signature


Trustee Chairperson's Signature

Funds Returned:

Received By:

Receipts Attached? Yes No