



# Check Request

Requested by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Attach Copies of all Receipts/Invoices to this form. (Receipts required for reimbursement)
2. Provide description of purchase & event name. If you do not know the accounting category leave blank.
3. Sales tax will not be reimbursed, except in rare cases and with permission from the Executive Pastor.  
A tax exempt certificate can be picked up at the church office.
4. Turn completed form into Stephanie at the church office or Stephanie@tbcvenice.com.

**\*Please direct any question on filling out the request to Stephanie (941-484-3339)**

Check Made Payable To/Vendor: \_\_\_\_\_

\*Company/Payee Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ext. \_\_\_\_\_ Contact: \_\_\_\_\_

Quantity	Description	Accounting Category	Unit Price	Total

**Delivery Method:** Please mail check\_\_\_\_ I will pick up\_\_\_\_

**For Office Use:**

Ministry Team Leader Approval: \_\_\_\_\_

Authorized Signature #1: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorized Signature #2: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Required for purchase over \$1,000)

Shipping	
Miscellaneous	
Balance Due	

Check Issue Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ The Bridge Church Check # \_\_\_\_\_