

**Saint John Baptist Church  
Check Request Form**

Date: \_\_\_\_\_

Check : \_\_\_\_\_ Hold in Office for Pick-up

Amount Requested: \_\_\_\_\_ Date Needed By: \_\_\_\_\_

Requested By: \_\_\_\_\_ Phone No. \_\_\_\_\_

Payable To: \_\_\_\_\_

Address/Location: \_\_\_\_\_

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

Purpose for check:

\_\_\_\_\_  
\_\_\_\_\_

Charge to account of \_\_\_\_\_  
(Auxiliary/Department)

Comments: \_\_\_\_\_

→Approved By: \_\_\_\_\_ Received By: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

**Attach original receipt**

**FYI – RECEIPTS & REFUNDS MUST BE RECEIVED WITHIN 7 DAYS.**

**NOTE – CHECKS MUST RETREIVED DURING NORMAL OFFICE HOURS.  
CHECKS WILL NO LONGER BE PLACED IN THE OFFICE DOOR.**