New Hope Seventh-day Adventist Church
CHECK REQUEST FORM

Amount: _____

Purpose: _____

_____

_____

_____

Pay to: _____

Address: _____

_____

_____

_____

Fund/Budget to be charged (check one): _____

☐ Audio/Visual	☐ Deaconesses	☐ Office Expenses
☐ Bible Worker	☐ Deacons	☐ Sabbath School
☐ Children's Ministry	☐ Evangelism	☐ Website/Proclaim
☐ Communications	☐ Guest Services	☐ Other
☐ Community Service	☐ Music Ministry	

Requested by: _____ Date: _____

Ministry Leader Approval: _____ Date: _____

Senior Pastor Approval: _____ Date: _____

Paid by: _____ Check No: _____ Date: _____

NOTE: *Please include a photo copy of the receipts (not the original), along with the signature of the person requesting and with the ministry leader's signature. Note: If the ministry leader is the one requesting, a leader in that ministry must sign in place of the ministry leader. This must be completed before submitting and before a check is issued. Please allow 1-2 weeks for reimbursement. Thank you.*