

CHECK REQUEST FORM

Salem Missionary Baptist Church
Lilburn, GA 30047

**Note: All Request for Advances Must Be Made at Least 7 Days Prior to the Day the Advance is Needed		
Date of Request:		Check Number:
Date Funds Are Needed:		
Ministry to be Charged:		
Requested By:		
Name and Address of Payee:		Amount of Request:

Explanation of Request (explain, in detail, the reason for the advance or request)

Received by Date:	
Approved by (Ministry Leader):	Signature:
Approved by (Non-budgeted Request):	

(FOR OFFICE USE ONLY) Completed by Authorized Personnel Only	
Amount Paid:	Date Reconciled:
Date Paid:	By:
Check Number:	
Paid By:	

Fund Impacted <i>(for office use only)</i>	Building Fund (for capital expenditures, requires approval from Board of Trustees)
	Operating Fund (for reasonable and customary budgeted expenses: requires approval from Ministry officer and Board of Trustees)
	Benevolent Fund (for Benevolent use only; requires approval from Pastor, or Board of Trustees)