

B.O.L.C.C.S.D
CHECK REQUEST FORM
Administration/Pastoral District
(One Department / District Per Form)

CHECK DATE: _____/_____/_____

CHECK NUMBER: _____

Invoice Date	Description	Amount	Budget Code	Account Code	Assets	
					Yes	No

TOTAL

Check Payable To: (One Name Per Form)

Name:

Address:

Phone Number:

Board/Pastor Signature (Over/Not in Budget)	Administrator/Board Signature	Dept/District Signature	Requester Name (Please Print)
Date	Date	Date	Date

Special Request For:

1. Please attach original receipts and sufficient supplementary documents with the Form(on the back) and fill it out completely (except account code column).
2. Please acquire authorized signatures before submitting the Form to the finance department. An additional Executive Board or Pastor signature is required for any request over/not in budget.
3. If the items purchased should be categorized as church assets, please mark “v” under the column of Assets Yes/No.
4. Any question please contact church treasurer at (760) 944-0793.