

CHECK REQUEST FORM/VOUCHER
GRACE POINTE SEVENTH-DAY ADVENTIST CHURCH

Please complete the following:

Date of Request: _____

Check payable to: _____ Auto Pay

Check Amount: \$ _____ Ministry _____ | Ministry _____

Description of purchase/Item: _____

Requested By: _____ Requested By: _____
 (Signature) (Signature) ** only required if expense is shared with another Ministry**

When requesting funds or reimbursements, please submit this form to the treasurer at least one (1) week in advance. All receipt(s) MUST be attached to this form if items have already been purchased. If purchase has not been made, please submit receipts to the treasurer as soon as possible.

TREASURER'S USE ONLY

DATE: _____	CHECK #: _____	AMOUNT: \$ _____	VOUCHER #: _____
Approved By: _____		Treasurer's Initials: _____	Other: _____