

MOUNT SINAI MISSIONARY BAPTIST CHURCH
CHECK REQUEST



Date: _____

**Amount: \$ _____

Payable to: ** _____

Payment Disposition

Address: _____

- ☐ Direct Deposit
☐ Mail to payee
☐ Mail to payee with attached documents
☐ Will pick up at Church Office
☐ Return to Requestor
☐ Additional instructions

Date Needed: _____

Description /Purpose/ Use

Multiple Payees	Amount
1)	\$
2)	\$
3)	\$
4)	\$
5)	\$
	Total \$

Requestor (Print Name) **

Requestor's Signature

Date

Contact Number

Contact e-mail

Approved by (Print Name) **

Approver's Signature

Date

Date Paid _____

Check # _____
1) 2) 3) 4) 5)

Attach all original receipts, invoices or pertinent documentation.

**** Please Note: See instructions on the reverse side of this form**

If this is a new request, please obtain the proper authorization from your ministry leader (if applicable) and/or our Senior Pastor.

jhw8/14/2023