## MOUNT SINAI MISSIONARY BAPTIST CHURCH CHECK REQUEST



Date:	
	**Amount: S
Payable to: **	Payment Disposition
	Direct Deposit
Address:	Mail to payee
	Mail to payee with attached documents:
	Will pick up at Church Office
	Return to Requestor
Pate Needed:	Additional instructions
Description /Purpose/ Use	
	you can request payment for up to five (5) payer
	12 Table 1 Tab
Multiple Payer	s uper fragons lard part Albert, seem Amount fram He
)	\$
, 200m/60/30	Saudania indrinaria Sarabania explorationis despite -
)	S
	E Balancome and co un S area ay encommed to by the streets are
)	5
	Total S
Requestor (Print Name) **	Requestor's Signature Date
	is Assessed to the terminal field of the control of a set district.
Contact Number	Contact e-mail
Approved by (Print Name) **	Approver's Signature Date
Date Paid	
Check #,,	an 43), emponer 4) o employage 5) o drive on tonino
1) 2)  Attach all original receipts, invoices or per	inent documentation
** Please Note: See instructions on the n	
	proper authorization from your ministry leader (if applicable) and/or our Senior Pastor.

jbw8/14/2023

Phone: 512-451-0808 ext 235 Fax: 512-302-4575