

Jehovah Missionary Baptist Church
805 South Harvin Street
Sumter, SC 29150
(803) 775-4032

Check Request Form

Today's Date: _____

Date Needed: _____

Allow 7-14 business days for processing.

Check amount: _____

(For Benevolence/Assistance Requests, please leave this amount blank and complete the section below. The Benevolence Ministry will determine the approved amount and complete this section.)

Payable to: _____

Address: _____

Purpose of Request

Please Check Appropriate Box:

- Benevolence** *(explain below)*
- Ministry: _____
- Reimbursement *(attach receipts & explain below)*
- Guest Preacher/Speaker
- Other: _____

For Business Office Use Only:

Processed on _____
 By _____

Acc# Credited: _____

Ck/Ref.# _____

Dated _____

Mailed _____

Account(s) Debited:

Disapproved by _____
 Reason _____

Complete this section for Assistance Requests:

Member's Name _____ *Amount Requested* _____

Amount Approved _____ *(to be completed by Benevolence Ministry)*

Explanation:

*(Please use additional paper, if necessary. **Special Notes for Benevolence/Assistance requests:** 1) Member/requestor must state plans for meeting future obligations in addition to details concerning the request. 2) Benevolence Ministry Members please **attach any conditions** to this form)*

Authorization:

(2 signatures required from ministry before processing requests per standard operating procedures)

Ministry to be charged

Requestor

Date

Pastor

Date

Ministry Officer

Date

Church Administrator

Date

Ministry to be Charged

For Accounting/Business Office

Date

Youth Pastor

Date