



CHECK REQUEST FORM

Whoever can be trusted with very little can also be trusted with much. - Jesus (Luke 16:10)

Date _____

This is a check request for: _____ a bill I have received
 _____ a purchase I would like to make
 _____ a ministry expense

DATE	ITEM	Crossroads Ministry	ACCT. #	EXPENSE

TOTAL

Please make check out to:

Name: _____

____ I will pick up the check, please call me when ready: (ph) _____

____ Please send the check to:

Address _____

City, State, Zip _____

Please attach all receipts or bills.

"I have been authorized to make this expenditure."

Signature _____ Finance Team _____