



CHECK REQUEST FORM

Check Amount: _____
(For Office Use Only)

Check Number: _____
(For Office Use Only)

Check Payable to: _____

Date Check Needed: _____

Address: _____

City, State, Zip: _____ Phone #: (____) _____

Finance Department Please: (Check one of the choices below)

Mail the check to the address above

Mail the check to the person on the right.

Hold the check for the person on the right.

Name: _____

Address: _____

City, State, Zip: _____

Phone #: (____) _____

Check Detail

Location (Fund)	Ministry (Department)	(Account)	Items	Business Purpose/Relationship	Amount

Check Total

Check Requested By:

Name (Print)

Signature

Date

Reviewed & Check Written Out By:

Name (Print)

Signature

(For Office Use Only)

Date

Place the completed form in the offering basket, deliver to the Finance Department, or mail to:
Evergreen Community Church, Finance Department, 2300 E 88th St, Bloomington, MN 55425-2185