



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)

Name: _____

Mail the check to the address above

Address: _____

Mail the check to the person on the right.

City, State, Zip: _____

Hold the check for the person on the right.

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