

CHECK REQUEST FORM

Mount Calvary Baptist Church
1735 Enterprise Drive, Bldg. #3
Fairfield, CA 94533

Date of Request : _____

Name of Payee : _____

Street/Mailing Address: _____

City: _____ - State: _____ ZipCode: _____

Amount: \$ _____ Funds Required by: _____

GL Account #: _____

Reason for request: _____

Requested by: _____
Name

Ministry: _____

Approved by: _____ Date: _____
Division Director

Approved by: _____ Date: _____
Senior Pastor

Approved by: _____ Date: _____
Chief Financial Officer

For audit purposes, attach all receipts and documentations to an expense report that need to be submitted to the office no later than **one week** after your event. **If receipts are not returned to the office, a 1099 will be submitted to the IRS for the check issued to you.**

Personal items appearing on receipts will not be reimbursed.