

# I.H.O.P. Church

## Check Request Form

Today's Date: _____	Date Check Needed: _____
<b>Check Amount:</b> <input checked="" type="checkbox"/> Exact Amount \$ _____ <input type="checkbox"/> Approximately \$ _____	Account #: _____
Payable To: _____ _____	Department/Ministry: _____ _____
<b>Delivery Instructions</b> <input checked="" type="checkbox"/> Return Check To: _____ <input type="checkbox"/> Mail Check To: _____ _____ _____	Requested By - Name: _____ _____
<b>Purpose (Please Be Specific)</b> <input checked="" type="checkbox"/> Payment For: _____ _____ _____ _____	Requested By - Phone #: _____ _____
<input type="checkbox"/> Advance For: _____ _____ _____	Department Head Approval and Date: _____ _____
	Accounting Review and Date: _____ _____
	COO Approval (If Required) and Date: _____ _____
	<b>Note:</b> Check requests need to be in the accounting department no later than 9:00 a.m. on Wednesdays. Checks will be available on Thursday afternoon.
	<b>Office Use Only:</b> Check #: _____ Pay Date: _____

<b>Notes:</b>
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