



239 Rocky Creek Rd. Simpsonville SC, 29680 864-967-7905 [rcmbc1895@gmail.com](mailto:rcmbc1895@gmail.com)

## Check Request Form

### Instructions

Please print legibly –we can't pay if we can't read it!

Only one (1) check per form

Payment will be made from forms with original authorized signatures only.

Please attach original receipts or invoices (no copies)

Invoices must include dates of service

Incomplete forms will be returned to the submitter

Check requests are processed in 3-5 business days

Amount Requested \$ \_\_\_\_\_ Date Needed: \_\_\_\_\_ Event Date: \_\_\_\_\_

Description (Event Name & Purpose of Expenditure) \_\_\_\_\_

### SECTION 1. Payment Type (Check One)

Payment to Vendor [Attach receipts, invoices, or contracts **originals only**]

Reimbursement [All original receipts, invoices, and unused cash **MUST** be submitted within 5 days]

Cash Advance

Check should be:

Held for pick-up at church office

Mail to Payee

Check should be mailed:

With attached documents, please specify: \_\_\_\_\_

### SECTION 2. Check payable to (Company or Person's name): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*OFFICERS MAY NOT APPROVE THEIR OWN REIMBURSEMENT REQUESTS\*\***

*RCMBC Clerk's Office use only below this line*

Date Issued:	Check #:	Amount: \$	Date entered:	Initials:
<b>Funding Source</b>	<b>Organization Account</b>	<b>Account Balance Before This Transaction: \$</b> _____		

Person requesting check:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Deacon's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Pastor Approval: \_\_\_\_\_ Date: \_\_\_\_\_