

# Harp's Crossing Baptist Church Inc.

1183 Highway 92 S  
Fayetteville, GA 30215  
770-461-5318

## Church Check Request Form "Hollonville General Fund Account"

Appropriately completed Request Form expenses will be processed after 12:00 noon each Tuesday and be available for disbursement on Thursday.

Date of Request \_\_\_\_ / \_\_\_\_ /20\_\_

Payable To: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

(Attach invoice/paid receipts for the requested amount to the back of the form. Circle invoice/receipt amounts in red.)

Total amount of request: \$ \_\_\_\_\_

<u>Acct. #</u>	<u>Acct. Name</u>	<u>Amount</u>	<u>Ministry Purpose</u>
#00 _____	_____	\$ _____	_____
#00 _____	_____	\$ _____	_____
#00 _____	_____	\$ _____	_____
#00 _____	_____	\$ _____	_____
#00 _____	_____	\$ _____	_____

Requested by: \_\_\_\_\_ Day Time Phone: ( ) \_\_\_\_\_

Payment Routing: Picked up by: \_\_\_\_\_ Mailed \_\_\_\_\_ (must have complete address above)

Appropriate Authorized Individual:(Optional) \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### For Office Use Only

Vendor # \_\_\_\_\_ Invoice # \_\_\_\_\_

Check # \_\_\_\_\_

Comments: \_\_\_\_\_

Treasurer Approval \_\_\_\_\_ Date of Approval: \_\_\_\_\_