

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 received before 12:00 noon on Tuesday will be processed and available for disbursement on Thursday per payment routing below.

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: _____