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 Senior Pastor

CHECK REQUISITION

[] Katy

Please submit this check request at least two (2) weeks before the due date of the check to the Finance Secretary:

Ministry Code(s):	Date Submitted:
Ministry:	Person Submitting Request:
Department:	Contact Number:
Date Needed:	Email Address:

Make Check Payable To: (Requestor, Vendor or Other)

Name:

Address:

City/State/Zip:

Telephone Number: **Amount: \$**

DEPARTMENT APPROVAL

President Signature:	Date:
Department Head Signature:	Date Submitted For Approval:

BUDGET OFFICE USE ONLY

DATE RECEIVED:	SIGNATURE:	AMOUNT APPROVED:	ACCOUNT CODE(S):

DENIED/REASON

DENIED SIGNATURE: **DATE:**

FINANCE OFFICE USE ONLY

CHECK NUMBER	AMOUNT OF CHECK	CHECK ISSUED TO <input type="checkbox"/>	MAILED TO <input type="checkbox"/>	DATE ISSUED/MAILED

Check Received by: _____ Signature: _____ Date: _____
 Printed Name

For clarification, please refer to the Check Requisition in Policy & Procedures Section of the Leadership Manual