



Check Request Form

Date: _____

Date	Description	Amount	Department	Asset	
				Yes	No
TOTAL:					

Check Payable To: (one name per form)

Name:
Address:
Phone Number:
Special Request:

Requestor:

Department Head:

Name:	Name:
Telephone:	Telephone:
Signature:	Signature:

Approval: (For amount \$300,00 and under ,signature of department head is sufficient)

Approval: (For amount between \$300-\$1000, signature of 1 board member and department head are required)

Approval: (For amount between\$1000-\$5000, signature of 2 board members and department head are required)

Approval: (For amount above \$5,000, signature of all 3 board members and department head are required)

1 Jesse Dong	3. Ke Han
2. Chunmeng Wu	

Office use only	
Pay Data	Department
Pay Date:	Administration
Check Number:	Pastoral Zone
Account Code:	Ministry

Internal use-2008