

# Check Request Form

Chinese Grace Bible Church  
6656 Park Riviera Way ♦ Sacramento, CA 95831-1002  
916.422.4253 (voice); 916.422.6547 (fax); www.CGBOnline.net

**Instructions:**

- ❶ Print legibly. Complete appropriate sections. Leave no appropriate sections blank.
- ❷ Original receipts are required; receipts will not be returned. Xeroxed copy of receipts, credit card statements, and your credit card transaction slip are not acceptable. *Staple the receipt(s) to the back of this form.* Use a *highlighter* to indicate your purchase(s).
- ❸ Requests are collected once a week at the end of Tuesday's business day and processed within 10 business days of collection.
- ❹ Use the "Additional Notes" section (reverse side) to provide information or an explanation that will help process this request.

Requested By:	Payable To:
Home Phone:	<input type="checkbox"/> Payee's On File (payee has been issued a check before.)
Work Phone: 916.422.4253	Address:
E-Mail:	
Requester's Signature:	City/State/Zip:
Date:	
<input type="checkbox"/> Archive (save for warranty, capital purchase, proof of purchase)	Mail Check? <input type="checkbox"/> YES <input type="checkbox"/> NO Office _____ <input type="checkbox"/>

**Expenditure Information • One check request is required for each check issued.**

Account No.	Invoice No.	Due Date	Vendor's Telephone	Vendor's Fax
Description of Purchase Purpose of Expenditure		Fund Account No.	Authorization/Approval Department Head's Signature	Expense Amount
❶				
❷				
❸				
❹				
❺				
❻				
❼				
❽				
❾				
❿	See attached Receipts for details			

Additional Notes / Special Instructions (check if you have remarks written on the reverse side.) Total

**For Office Use Only—Funding Information:**

*Amounts in excess of \$2500 require special handling*

<input type="checkbox"/> General Fund Budget	<input type="checkbox"/> Missions Fund:	<input type="checkbox"/> Other (Group B):
Transaction #:	Check #:	Check Date:
		Total Charges (Check Amount):

**Honorarium**

*Checks issued over \$600.00 require the following area completed. Regardless of the amount, complete the date speaking box.*

Speaking Date:	Guest Speaker's Name:
Social Security No.:	Love Offering Collected: