Check Request Form

Receipts required for all purchases.

covenantgrove CHURCH
www.covenantgrove.org

Payable To: _____ Date: _____

Address: _____ City/State: _____ Zip:_____

Acct. #	Account Name	Explanation of Charges	Amount	Receipts Att.? Yes or No
		TOTAL DUE		

Additional explanation regarding payment / absence of receipts

_____

_____

_____

Request will not be processed without approval of Department Head(s)

REQUIRED SIGNATURES		DATE
Department Head		
Final Payment Approval		
Accounts Payable Dept.		
Treasurer		
Other		

THIS SECTION FOR OFFICE USE ONLY

☐ **Check request received by Accounting Dept.: Date: _____ Initials: _____**

☐ **Closure pending - Explanation for delay: _____**

☐ **Closure complete: Ck.# _____ Date Mailed: _____ (or) Hand-delivered to:_____ _____**

(Name) (Date)

"To transform religious and irreligious people into Fully Devoted Followers of Christ."