

EASTON BIBLE CHURCH

CHECK REQUEST / PRE-APPROVAL FORM

CHECK REQUEST:

(choose one)

Please issue check for the attached receipts / invoice which is **less than \$300**. Complete payment information below and submit directly to Church Treasurer for processing.

Please issue check for the attached receipts / invoice which is **greater than \$300**. I confirm this expense was approved by the Board of Deacons at their (mm/yy) ____/____ meeting. If not previously approved, please complete payment information below and submit to the Deacon Chairman. Note: all expenditures greater than \$300 should be pre-approved.

PRE-APPROVAL REQUEST: **PLEASE** Submit to Deacon Chairman in time for monthly meeting
(3rd Monday of month)

Permission requested for ordering with direct billing to church. **(Use ST-4 form or request tax exempt billing)**

Permission requested to spend up to \$ _____. I will submit a check request, with receipts or invoice attached when billed for expenses incurred.

Please complete payment information below:

PAYMENT INFORMATION

Payable to: _____ (if blank, per attached invoice)

Amount: \$ _____ Account Number: # _____ (Must Provide)

Look up: <http://www.ebc.org/forms/deptcodes.pdf>

Acct Name: _____

Date needed: _____

Purpose / Special Instructions: None

I hereby acknowledge that this request is for the benefit of Easton Union Church and the ministry that I lead.

Approved by: _____ Date Approved: __/__/__

Print Name: _____

(For Treasurer) Date Entered _____

For Board of Deacon's Use Only

Approved By: _____

Rejected Date: ____/____/____

This section to be returned to person requesting pre-approval

To: _____ Amount Request: \$ _____

Purpose: _____

- Approved:** Proceed with ordering (Use ST-4/or request tax exempt billing).
Proceed with spending amount requested. Submit check request when bill / receipts received.
- Rejected:** Sorry, church cannot approve this bill at the present time.

Signature

Date