

**CHECK REQUEST**

*This section must be completed by the person completing the form  
(Please Print Neatly)*

Berean Baptist Church  
2425-33 W. Indiana Avenue  
Philadelphia, PA 19132  
Office 215-229-8048  
Fax 215-229-6030

Date Requested: \_\_\_\_\_

Requested by: \_\_\_\_\_

Phone No: \_\_\_\_\_  
(If we have questions)

Date Needed: \_\_\_\_\_

Ministry Represented: \_\_\_\_\_

Amount of Check: \_\_\_\_\_

Whose Budget should we charge? \_\_\_\_\_

**MAKE CHECK PAYABLE TO:**

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY/STATE/ZIP: \_\_\_\_\_  
AREA CODE & PHONE NO: \_\_\_\_\_

PLEASE CIRCLE ONE      HOLD      MAIL      THIS CHECK

INVOICE NO.	INVOICE AMOUNT	INVOICE DATE	ACCOUNT NUMBER	What is this check for?	(Please explain below)
CHECK TOTAL					

Accounting Use Only      Back-up Required: Yes    No      Back-up Provided:      Yes    No  
Documentation Verified      Yes    No

Check No. \_\_\_\_\_  
Date Issued: \_\_\_\_\_  
Approved by: \_\_\_\_\_  
Date \_\_\_\_\_

Trustee Approval: \_\_\_\_\_