Santa Rosa Baptist Association

CHECK REQUEST FORM

Date:______________

PAY TO ____

____

____

Check Number:______________

-Or-

Draft Date: ______________

Date to be paid: ____

Requested by: ____

Purpose for expenditure: ____

____

Approved by:____
(Program Leader/Committee Chairperson)

Approved by:____
(DOM/Treasurer)

Association Fund:
- □ Sun Trust Bank
- □ Florida National Bank
- □ FBFS

Nature of Payment:
- □ Reimbursement
- □ Purchase
- □ Payment
- □ Honorarium

DATE	DESCRIPTION	ACCOUNT	AMOUNT
		TOTAL	

Draft Payments Check Signers Please initial here: ______________________ ______________________

Procedures for Check Request Form

1. ***Fill out form*** *with expected expenses itemized as detailed as possible.*
2. ***Submit to your team leader*** *for signature*
   Family Life: Bo Mills, Transformation: George Fredericks, Community Connection: Jim Waters, Leadership: Brian Nall,
   If you are team leader, make sure to get Bro. Chip's signature.
3. ***Submit to Association office BEFORE*** *your event/expense for approval and to check availability of funds*
4. ***Turn in receipts/invoices*** *after the funds have been expensed*

**If you do not get prior approval for expenses, reimbursement may not be guaranteed. Please make sure to check with Association before making purchases. Your cooperation is very greatly appreciated.*

Please Note*: If you are planning an event and need checks to pay speakers, conference leaders, etc, please make sure your forms are turned* ***in the Monday before the event.*** *Checks are cut Monday morning, then are usually available for pickup/mailing Tuesday afternoon.*