

## Jenison Bible Church Check Request

### Payment Information

Payable to: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\_\_\_\_ Mail the check to the above address    \_\_\_\_ Other delivery method: \_\_\_\_\_

Charge to Account Name (Ministry)	Description of Purchase	Amount	Approval Initials (if needed)
	Total		

Other Instructions: \_\_\_\_\_

*Please print legibly, fill out form completely, and obtain needed initials / signatures*

By signing this document, I confirm the following criteria have been met:

- All receipts/invoices applicable to this request have been attached.
- Approval has been granted for the requested funds and the person responsible for the effected budget has indicated their approval by initialing the request above.
- Whenever possible, use vendors that will remove sales tax for the church. If tax-exempt status needs to be submitted to the vendor, contact the bookkeeper. She is happy to send the tax-exempt forms.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Phone

\_\_\_\_\_  
Contact E-mail

**SUBMIT FORM & RECEIPTS TO BOOKKEEPER (Box #40)**  
**Or send via email to: [nancy.skoglund@jenisonbible.org](mailto:nancy.skoglund@jenisonbible.org)**

For Bookkeeper Use:

Date Paid: \_\_\_\_\_ Account Charged: \_\_\_\_\_ Ck #: \_\_\_\_\_ Initials: \_\_\_\_\_