MARANATHA SDA CHURCH

Check Request Form

SUBMISSION INSTRUCTIONS

- **Deadline:** Completed check requests must be submitted to the Treasurer at **treasurer@maranathasda.com** by Monday at 6:30 PM to receive same-week processing. Requests received after this deadline will be processed the following week.
- **Finance Committee Review:** At the Treasurer's discretion, requests requiring Finance Committee review will be forwarded to the Finance Chair for review. The requestor will be notified of this referral and of the outcome.
- **Receipts:** All original receipts (and any unused funds) must be submitted to Treasury within twelve (12) days of the check print date.

REQUESTOR INFORMATION

Date:		**Phone #:**	
Requestor Name:		**Email:**	
Funding Department:			

PAYEE & DELIVERY INFORMATION

Make Check Payable To:	
Mailing Address:	
City / State / Zip:	
Delivery Method:	☐ Mail Check ☐ Hold for Pick-Up

CHECK DETAILS

Check Amount: $	
Detailed Purpose of Check:	

REQUIRED ATTACHMENTS (CHECK ALL THAT APPLY)

☐ Original itemized receipt(s) / invoice(s) attached

☐ W-9 on file (required for new vendors, contractors, or individuals)

CERTIFICATIONS

- I hereby confirm that I have met with the members of my department and obtained approval for the disbursement of these funds.

  Meeting date: _____ # of members present: _____
- I affirm that all original receipts, along with any unused funds, will be submitted to Treasury within twelve (12) days of the check print date.
- I acknowledge that failure to submit appropriate documentation for this disbursement may result in the amount being reported to the Internal Revenue Service (IRS) via **Form 1099** as **taxable income** to the requestor(s).
- I understand that two (2) authorized departmental signatures are required in order to approve this expenditure.
- I understand that incomplete forms, missing documentation, or requests submitted after the deadline may delay processing.

APPROVAL SIGNATURES

Requestor Signature:		**Date:**	
Approver 1 (Print):		**Signature:**	
Approver 2 (Print):		**Signature:**	

FOR TREASURY USE ONLY

Finance Committee Review Required:	☐ Yes ☐ No	**Date Referred to Finance Chair:**	
Requestor Notified:	☐ Yes ☐ No	**Receipts Received (within 12 days):**	☐ Yes ☐ No