

Maranatha SDA Church Check Request Form

Date: _____

Check Amount: _____

Requestor: _____

Phone #: _____

Funding Department Name: _____

Make Check Payable To: _____

Mail Check

Pick up Check

Address: _____

City/State/Zip: _____

Detailed Purpose of Check:

- 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 member ____.
- I affirm that all original receipts, along with any unused funds, will be returned within ten (10) days of receiving the disbursed check.
- 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.

Print Name: _____ Print Name: _____

Signature: _____ *Signature:* _____