

Newfound Baptist Church

Check Request Form

Date: _____

Amount: \$ _____

Pay to: _____

Address: _____

Purpose of Expense: _____

Charge to Account # _____ \$ _____ Note _____

Charge to Account # _____ \$ _____ Note _____

Charge to Account # _____ \$ _____ Note _____

Charge to Account # _____ \$ _____ Note _____

Charge to Account # _____ \$ _____ Note _____

Requested by _____

Approved by _____

____ (X) for personal reimbursement of expenses
