



Mt. Zion Church

Check Request/Direct Payment Form

Updated 9/21/2022

Today's Date: _____

Ministry Name: _____

Requester's Name: _____

Phone: _____

Amount Requested: _____

Date needed (**Be Specific**): _____

(Signed form must be submitted to church office 7 business days prior to date check is needed.)

Check one: Check Requested

Credit Card Payment Requested

Payable to: _____

Phone: _____

Reason for Expenditure: _____

Ministry Chair/Director Print Name

Ministry Chair/Director Signature

Date

Ministry Elder Print Name

Ministry Elder Signature

Date

NOTE: Form must be signed and dated by BOTH the Ministry Director and Elder. The requester will be notified when the check is available or direct payment is made. All receipts and cash balances must be returned to the church office within 7 business days following the event.

OFFICE USE ONLY

Date Received: _____ Date Approved: _____ Approved by: _____

Payment Method _____ Budget Account# _____

Request Denied (Reason): _____

Additional Action Required:
