

**Edgefield Baptist Church
140 Church St
Fayetteville, GA 30214**

Check Request

Requestor _____ Date _____

Committee _____ Amount: _____

Payable To: _____

Address _____

City _____ State _____ Zip _____

Payable For: _____

When Needed _____ Mail Check: Yes No

Signed: _____ Approved: _____
Requestor Committee Chair

Pastor's signature

For Accounting Use Only

Check# _____ Issued By _____ Date _____

Procedure:

- Complete form and leave in the Finance Office.
- Note clearly the purpose for which the check is requested.
- **Obtain approval of committee chairperson or if a major expense approval of Senior Pastor before submitting to the Finance Team.**
- Attach invoice or receipts if for a reimbursement.