

West Side Baptist Church

Check Request

Date _____

Check amount \$ _____ Mail _____ or Deliver to _____'s staff box

*Note: Any expenditure \$1,000 or over must have the Administrator's signature **BEFORE** it is ordered.*

Payable to: _____

Address (if not on attached invoice/receipt) _____

Account number(s) to be charged (see back) _____

Purchase Description: _____

Invoice or receipt(s) attached? ___Yes ___No (If no, please attach written documentation or write an explanation)

Invoice # _____

Requested by: _____ Approved: _____

Signature from authorized list

Excise Tax recorded? _____
Inventoried on: ___/___/___ or N/A

Issued Check Number: _____
Check signer(s) initials _____

If over \$1,000 _____

Administrator's signature