

DATE: _____

CHECK NUMBER: _____

ROLCC CHECK REQUEST FORM
Center / Administration / Mission / Building
(One Payee per Form)

Invoice Date	Description	Amount	Center / Mission Adm / Bldg Code	Budget Code
TOTAL				
Check Payable To: (One Payee per Form)				
Name: _____				
Address: _____				
Phone Number: _____				
Executive Board/EPT Signature	Administrator Signature	Center/Adm/Mission/Bldg Signature	Requester Name (Please Print)	
Date	Date	Date	Date	
Special Instruction:				

1. Attach the original receipts and provide necessary information according to the reimbursement policy.
2. Obtain authorized signatures from Center, Administration, Mission, Building, and the Administrator before submitting to Finance Department.
3. Obtain pre-approval from the Executive Board by completing Purchase Order Form for any request that is \geq \$3,000. Please contact church office at (408) 260-0257 x 106 for any questions.