

LOVE & FAITH COMMUNITY CHURCH

CHECK REQUEST FORM

Please print or type all information and submit form to the Finance Office at finance@thelfcc.org. Please allow at least 14 business days for processing.

DATE OF REQUEST: _____		DATE CHECK NEEDED: _____	
MINISTRY NAME: _____			
Contact Person: _____			
DESCRIPTIONS OF ITEMS		COST	
TOTAL			
Make Check Payable To: _____			
Check Distribution Method:			
_____	Pick up at Church Office	Phone/Email: _____	
_____	Mail to Address:	_____	

<i>By signing below, I acknowledge receipt of funds and agree to provide all receipts & supplemental information to the Finance Office within 5 business days of transaction completion</i>			
Recipient Name: _____			
Recipient Signature: _____			
Date: _____			

Approved By: _____

Date: _____

FINANCE OFFICE USE ONLY		
<i>Receipts & corresponding information should be attached & filed with this form.</i>		
Date Request Received:	Date Request Approved:	
Check Amount:	Account:	Check#:
Fund Type:	Cash App	Cash Check