

CALVARY CHRISTIAN CENTER

**CHECK REQUISITION & PETTY CASH FORM**

Please allow 7 working days for a Check request and 24 hrs for a Petty Cash request.

All approved Check requests will be available on Fridays after 2 pm.

**Please submit all requests to the ADMINISTRATOR for SIGNATURE and APPROVAL!**

**THANK YOU FOR YOUR COOPERATION.**

**PLEASE FILL OUT COMPLETELY!!!!!!!**

Today's Date:

Date Needed: **(NO ASAP/URGENT):**

Request: Petty Cash

Check

Credit Card

Amount requested:

Check will be: Mailed

or

Picked Up

**PLEASE ATTACH INVOICES, QUOTES OR RECEIPTS TO REQUEST. THANK YOU!**

Requested by:

Department:

Department Head/Manager/Supervisor Approval:

Make check out/Petty Cash to: Name:

Address:

City/State/Zip:

Contact Person:

Number:

Purpose of request (Please be specific):

CHURCH ADMINISTRATOR

DATE

CFO/CEO

DATE

**FOR OFFICE USE ONLY**

**Offsetting acct.#**

Person receiving funds:

Date:

Person submitting funds:

Date: