

BETHANY BAPTIST CHURCH
275 WEST MARKET STREET
NEWARK, NJ 07103

CHECK REQUEST FORM

DATE REQUESTED: _____

DATE NEEDED: _____

PAYEE: _____

AMOUNT: _____

ADDRESS: _____

TELEPHONE # _____

INCLUDED IN BUDGET YES () NO ()

CHECK DISTRIBUTION (PLEASE CHECK ONE):

() RETURN TO: _____

() HOLD FOR PICK UP BY: _____

() U. S. FIRST CLASS MAIL: _____

() OTHER: _____

DESCRIPTION: _____

REQUESTED BY:

Signature DATE

DEACON ADVISOR APPROVAL:

Signature DATE

PAYMENT APPROVED BY:

Signature DATE

Signature DATE

FOR CONTROLLERS OFFICE USE ONLY

ACCOUNT NAME

PROGRAM/FUND

ACCOUNT NUMBER

CHECK #: _____

PICK UP BY: _____

Print Name

Sign: _____

Date: _____