crossroads church

CHECK REQUEST

Any request for $20,000 or more requires approval by two (2) Executive Team Members.

☐ Mail Check ☐ Check to be picked up by:____________________

PAYABLE TO: ____

ADDRESS: ____

CITY, ST, ZIP: ____

Item or Service Requested	Accnt Class	Accnt #	Accnt Category	Amount
CHECK TOTAL				**$**

Special Instructions:

REQUESTED BY (Print): ______________________________ Date: ______________

REQUESTED BY (Signature): ______________________________________

APPROVED BY (Signature): ______________________________ Date: ______________
(Ministry Leader)

- -

APPROVED BY (Signature): ______________________________ Date: ______________
(Executive Team Member)

APPROVED BY (Signature): ______________________________ Date: ______________
(2nd Executive Team Member if $20,000 or more)

Last Updated: 12/08/2020