Ardmore Baptist Church

Check Request Form

Identifying #_____
(invoice # OR tracking # if needed)

Make Check Payable to:			
Address to mail payment:			
	**RECEIPTS MUST BE ATTACHED TO REQUEST **		
Instructions/Comments:			
Today's Date:		**check signers sign checks every WEDNESDAY, if you have an emergency- please let the Financial Asst. know**	
Sales Tax Total:		**Check Total:**	

do not fill in sales tax total if you are an individual seeking reimbursement

Check total includes sales tax

Account #	Description	Amount

Requestor (please print):_____

Staff Authorization Signature:_____