



MapleRidge Church

13400 Maple Knoll Way
 Maple Grove, MN 55369
 763/420-7804

Check Requestion Form *(Please allow 2 weeks processing)*

Check Request Date

Payee Information

Make check payable to:

Mail check to address:

Payment Description

Invoice Number	Budget Line Item #	Description	Amount
Total Check Amount			

Explanation *(if needed)*

Approval

Requested by:

Approved by Staff / Deacon of (signature):

Approval Date:

Treasurer (signature):

Approval Date:

*** Request of check reimbursement must have receipt attached**

**** All check requests sent to accountant must have Treasure's signature**

***** Email ALL Check requests to: Office@MapleRidgeChurch.org**