**MapleRidge Church**

13400 Maple Knoll Way

Maple Grove, MN 55369

763/420-7804

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| --- |
| **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)* |
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|  |
|  |
| 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*** |