**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** |
|  |  | |  | | |  |
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|  |  | |  | | |  |
| 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*** | | | | | | |