

RGCC Check Request



Date Submitted: _____ Date Needed: _____

Make Payable To:

1. Name: _____ Address: _____
2. Name: _____ Address: _____
3. Name: _____ Address: _____

Reason For Request:

1. _____
2. _____
3. _____

Requesting Dept. Name: _____

Authorized By: _____ Date: _____
Ministry Facilitator

Check(s) to Be: **Given To Requestor** **Mailed**

(Please Write Requested Amount Below)

Check Amt. #1 \$ _____ Receive By: _____ Date: _____

Check Amt. #2 \$ _____ Receive By: _____ Date: _____

Check Amt. #3 \$ _____ Receive By: _____ Date: _____

TOTAL AMOUNT DISBURSED: \$ _____ RECEIPT ATTACHED YES NO

ACTUAL AMOUNT SPENT: \$ _____ AMOUNT RETURNED \$ _____

- **All information must be filled out completely with facilitator's approval before submitted**
- **3 Working days are needed for a check request to be processed. NO EXCEPTIONS**
- **Receipt of purchase must be turned in to the office within 3 days of purchase**

DO NOT WRITE BELOW THIS LINE

APPROVED BY: _____ **DENIED BY:** _____

Date: _____ Reason for denial: _____

Account Number Charged: _____ Department Number Charged: _____

Date of Check #1 _____ Amount: \$ _____ Check # _____

Date of Check #2 _____ Amount: \$ _____ Check # _____

Date of Check #3 _____ Amount: \$ _____ Check # _____

Total Amount \$ _____