

**Please  
staple  
receipts to  
the back of  
this form.**

**Hope Lutheran Church  
CHECK REQUEST FORM**

Date: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
(Please include FULL address)

Brief description of reason for request: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Amount \$ \_\_\_\_\_ Acct # \_\_\_\_\_ - \_\_\_\_\_

Amount \$ \_\_\_\_\_ Acct # \_\_\_\_\_ - \_\_\_\_\_

Amount \$ \_\_\_\_\_ Acct # \_\_\_\_\_ - \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

Authorization Signature \_\_\_\_\_  
(the Director or Pastor of your Ministry)

- Attach receipts!
- All requests MUST be authorized by the current Director of the ministry being charged. In the event a Director is requesting money for themselves, a pastor must sign.