

ADVENT LUTHERAN CHURCH -- ADVENTURE PRESCHOOL CHECK REQUEST - UPDATED 8/2023

To be used only for APS check requests. Non-APS should use ALC quadrant or general check request.

| | |
|---|--|
| Date: | <input type="checkbox"/> SAM'S Credit Card <input type="checkbox"/> Church Debit Card Check appropriately if YES |
| Make check payable to the following: | Mail Check <input type="checkbox"/> Hold check <input type="checkbox"/> Put in mailbox <input type="checkbox"/> |
| Name: | |
| Address: | |
| Address line 2: | |

| | |
|----------------------|---------------------|
| Check Amount: | Date Needed: |
|----------------------|---------------------|

Please provide a full description of what we are paying for and attach invoices or other supporting documentation and/or special instructions for check:

The following budget line items typically require a check request. Please indicate the budget line item to charge if appropriate. If one is needed other than listed here, please add below for "Other":

| | | |
|---|---|--|
| <input type="checkbox"/> Background Checks | <input type="checkbox"/> Books & Teaching Resources | <input type="checkbox"/> Capital Expense |
| <input type="checkbox"/> Celebrations / VBS | <input type="checkbox"/> Classroom Consumables | <input type="checkbox"/> Dumpster |
| <input type="checkbox"/> Intuit Expense | <input type="checkbox"/> Janitorial Cleaning | <input type="checkbox"/> Janitorial Supplies |
| <input type="checkbox"/> Office Supplies | <input type="checkbox"/> Professional Dev Res | <input type="checkbox"/> Snacks |
| <input type="checkbox"/> Other | | |
| <input type="checkbox"/> Other | | |

Please indicate the Special Fund to be used if appropriate. Others may be added as appropriate and necessary. Ensure money is available before submitting:

| | |
|--|---|
| <input type="checkbox"/> L-Prior Fiscal Yr APS (Carryover) | <input type="checkbox"/> M-APS Chair Purchase |
| <input type="checkbox"/> M-APS Advance Tuition | <input type="checkbox"/> Other |
| <input type="checkbox"/> Other | |

SIGNATURES (2 required for each check request)

| | |
|---|-------|
| <i>Requester signature (required)</i> =====> | Date: |
| <i>Authorized approver signature</i> =====> (Board chair, council liaison, or other associated person) | Date: |
| | |
| If over \$5,000, Executive Council approval is also required: | |
| <i>Executive Board Approval signature</i> =====> | Date: |

Please attach invoice(s) or other supporting documentation and have 2 signatures before submitting. Completed forms may be placed in mail slot for Church Administrator in cabinet above large copier., Copy to be retained by board/committee chair.