Fn: check request nurture-support rev Aug2018.doc

**ADVENT LUTHERAN CHURCH -- NURTURE & SUPPORT -- CHECK REQUEST**

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| **Date:** | **\_\_\_\_\_ Church Credit Card Used \_\_\_\_\_\_ Church Debit Card Used** |
| **Make check payable to the following:** | **Mail Check \_\_\_\_\_\_\_\_ Hold check \_\_\_\_\_\_\_\_ Put in mailbox \_\_\_\_\_\_\_** |
| Name: |  |
| Address: |  |
| Address line 2: |  |

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| **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”:** | | | |
| \_\_\_ Stewardship Campaign | \_\_\_ College Nurture Ministry | | \_\_\_ Care Ministry |
| \_\_\_ Stewardship Education | \_\_\_ Member Assistance Program (MAP) | | \_\_\_ Connect Ministry |
| \_\_\_ Fun & Fellowship Events | \_\_\_ New Member Materials | | \_\_\_ Congr Relationship & Support |
| \_\_\_ 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:** | | | |
| \_\_\_ NS-Adventurers Other | \_\_\_ NS-Fellowship Events | | \_\_\_ NS-Members in Crisis |
| \_\_\_ NS-Adventurers Christmas Jars | \_\_\_ NS-Financial Peace University | | \_\_\_ NS-Quilters Group |
| \_\_\_ NS-Care Ministry | \_\_\_ NS-Funeral Receptions | | \_\_\_ NS-Staff Gifts |
| \_\_\_ NS-Coffee Fund | \_\_\_ NS-Kitchen | | \_\_\_ NS-Stewardship |
| \_\_\_ NS-College Packets | \_\_\_ NS-Lay Renewal | | \_\_\_ NS-Young Adult Sunday Dinners |
| \_\_\_ NS-Discretionary | \_\_\_ NS-Maintenance Reserve | |  |
| \_\_\_ Other: | | | |

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| **SIGNATURES (2 required for each check request):** | | |
| *Requester signature (required) ========🡺* |  | Date: |
| *Authorized approver signature* ==========🡺  (Board chair, council liaison, or other associated person) |  | Date: |
|  | | |
| ***If over $5,000, Executive Council approval is also required:***  ***Executive Board Approval signature =====🡺***  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.***