Fn: check request outreach rev Aug2018.doc

**ADVENT LUTHERAN CHURCH -- OUTREACH -- CHECK REQUEST**

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| **Date:** |

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| **\_\_\_\_\_ 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: |  |

|  |  |
| --- | --- |
| **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 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”:** |
| \_\_\_ Synod Benevolence | \_\_\_ Mecklenburg Ministries |  |
| \_\_\_ 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:** |
| \_\_\_ O-Adult Mission Trips | \_\_\_ O-Kairos | \_\_\_ O-Room in the Inn |
| \_\_\_ O-Ash Wednesday | \_\_\_ O-Loaves and Fishes | \_\_\_ O-Social Ministry Discretionary |
| \_\_\_ O- Chili Supper | \_\_\_ O-Lutheran World Relief | \_\_\_ O-Souper Bowl Sunday |
| \_\_\_ O-Crop Walk | \_\_\_ O-Pantry/Advent Has Heart | \_\_\_ O-Stop Hunger Now |
| \_\_\_ O-Crisis Assistance Ministry | \_\_\_ O-Parlor Class Project | \_\_\_ O-Synod Benevolence |
| \_\_\_ O-Disaster Relief | \_\_\_ O-Peru Mission |  |
| \_\_\_ O-God’s Work Our Hands | \_\_\_ O-Plaza Place | \_\_\_ O-Thrivent Choice |
| \_\_\_ O-Habitat | \_\_\_ O-Robinsdale Ministries | \_\_\_ O-Witness Discretionary |
| \_\_\_ O-Helping Hearts Creche |  | \_\_\_ O-World Hunger |
|  |  |  |
| \_\_\_ Other: |
| \_\_\_ Other: |

|  |
| --- |
| **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.***