

**ST. PAUL AFRICAN METHODIST CHURCH  
CHRISTIAN LIFE CENTER  
85 Bishop Allen Drive, Cambridge, MA 02139**

**CHECK REQUEST FORM**

(Please PRINT Clearly and complete ALL requested information)

**Today's Date:** \_\_\_\_\_ **Amount Requested \$** \_\_\_\_\_

**General Instructions:**

- for first time payments to individuals or small businesses or advances to non-church employees, a completed W-9 form **MUST** be attached to process payments.
- For reimbursements to individuals, copies of supporting receipts need to be attached to this form
- For payments to a third party vendor, please attach a copy of an invoice from the vendor.
- Checks are cut on Wednesday, based on available cash and are usually in the office Thursday afternoon. To be considered for the Wednesday check run, approved requisition forms must be submitted by the end of the day Friday **of the previous week.**

**PAYABLE TO:**

**Name(s):** \_\_\_\_\_

**Address:** \_\_\_\_\_

\_\_\_\_\_

**Budget/Ministry Account:** \_\_\_\_\_

**Purpose/Description of Expense: (Please be specific)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**REQUESTED BY:**

**Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**DISBURSEMENT INFORMATION:**

**Date Needed By:** \_\_\_\_\_

**Payment Should Be (please check one):**

\_\_\_\_\_ **Mailed directly to the vendor at the address above**

\_\_\_\_\_ **Held at the Finance Office for the vendor to pick up**

\_\_\_\_\_ **Other (please specify)** \_\_\_\_\_

**(Office use only)**

**AUTHORIZED BY:** \_\_\_\_\_ **Date:** \_\_\_\_\_