



**EBENEZER BAPTIST CHURCH
171 SEMPLE FARM ROAD
HAMPTON VA 23666
(757) 865-1480**

CHECK/PURCHASE ORDER REQUEST FORM

INSTRUCTIONS: This form must be completed at least three days prior to the date required and signed by two members of the ministry, ministry coordinator, and the requestor. The purpose of this request must be completed for an accurate financial statement. Receipts must be returned to the Administrative Office within three days from the day of the check or conclusion of the function. **Expenditures over 10%** of requested amount or allocated budget for the ministry shall become the financial responsibility of the person who incurs the expense.

DATE REQUESTED: _____ PO # _____

DATE RECEIVED: _____

AMOUNT: _____

TOTAL AMOUNT IN THE ACCOUNT
AFTER THIS PAYMENT: \$ _____

MINISTRY BUDGET NO. _____

For Office Use Only

MAKE CHECKS PAYABLE TO:

NAME: _____

ADDRESS: _____

CITY/STATE: _____

Number where you can be reached: _____

PURPOSE OF THE FUNDS:

DATE: _____

REQUESTED BY: Authorized Individual: _____

Please Print

Ministry Coordinator's Signature: _____

APPROVED BY: TRUSTEE: _____

Chairman, Board of Trustees: _____