



**CHECK REQUEST FORM/VOUCHER**  
**GRACE POINTE SEVENTH-DAY ADVENTIST CHURCH**  
**COMMUNITY SERVICE**

*Please complete the following:*

Date of Request: \_\_\_\_\_

Check payable to: \_\_\_\_\_ Auto Pay ☐

Check Amount: \$ \_\_\_\_\_ Ministry \_\_\_\_\_

Description of purchase/Item: \_\_\_\_\_

Requested By: \_\_\_\_\_ (Signature)

**When requesting funds or reimbursements, please submit this form to the treasurer at least one (1) week in advance. All receipt(s) MUST be attached to this form if items have already been purchased. If purchase has not been made, please submit receipts to the treasurer as soon as possible.**

**TREASURER'S USE ONLY**

DATE: _____	CHECK #: _____	AMOUNT: \$ _____	VOUCHER #: _____
Approved By: _____	Treasurer's Initials: _____		Other: _____