

**ZION MISSIONARY BAPTIST CHURCH
721 JOHNSON STREET
SAGINAW, MI 48607**

REQUEST FOR A CHECK

This form can be downloaded from the church website: www.zmbcsaginaw.org

Requested By _____ **Date** _____

Title/Position _____

Ministry/Event/Expense _____

Amount Requested _____ **Date Required** _____

Reason for the Check _____

Payable to _____ **Soc Sec#** _____
of Payee _____
(Required if amount is \$600.00 or greater)

Check Delivery Method (check one)

- I will pick up check from the Finance Office
- I will pick up check from the Main Office
- Please give check to _____
- Please mail check to business or supplier

Approved by _____ **Title** _____ **Date** _____

For Use by Finance Office Only

Authorized for Payment by _____ Title _____ Date _____

Budget Line Item Charged: _____ Check Number _____ Dated _____

VOUCHER CLOSED

Amt. Receipts Received _____ **Amt. Returned** _____ **Date** _____

Voucher Balanced: Yes _____ No _____ Reason _____

Note: To all check recipients, **all receipts and cash** must be turned in the Sunday following the activity to the Finance Office for voucher closure. **Per the IRS if all receipts and/or cash for the total amount of the check received are not turned in, the entire amount received will be credited to the payee as income. A form 1099 will be issued to the payee and a copy of the form will be forwarded to the IRS.**