Invoice Date_____

Okolona Christian Church
Check Requisition

Type: _____Cash Advance (submit original & 2 copies)
_____Reimbursement (receipts are to be attached)
_____Charge to Church Account (charge slips are to be attached)

Circle one
FAMILY CHRISTIAN LIFEWAY LOWES OFFICE DEPOT SAM'S
OTHER_____
VISA (Name on the Card)_____

Make Check to:_____
Address: _____
_____

Purpose & Comments:
_____
_____

Approval: Department Head: _____ Date:_____
(Signature Required)
Ministry Leader: _____ Date:_____
(optional)
Person Requesting:_____ Date:_____
(Signature Required)

Itemization of Expenses: (Check your ministry list of accounts for account numbers; if you need a new account created please indicate the name of the account.)

Ministry	Description	Account	Amount
		Total:	

Instructions:

1. Complete form. Approval must be obtained from the Department Head; additional approval by the Ministry Team Leader is optional. Person requesting the Check must also sign.
2. Attach documentation (receipts or charge slips).
3. If a cash advance, submit 2 copies with original request. One will be returned. There turned copy is to be re-submitted to the Business Administrator with Cash advance Accounting Form.

OCC is a non-profit, tax-exempt organization. The Kentucky Tax Exempt Number is: E-2950. When making purchases, please attempt to use OCC's tax exemption status.