

**Finance Dept. Use Only**

Check number \_\_\_\_\_  
 Check Amount \_\_\_\_\_  
 Check Date \_\_\_\_\_

**Chinese Bible Church of Maryland  
 Check Request Form**

|                                  |  |  |
|----------------------------------|--|--|
| <b>Issue Check To Vendor #</b>   |  | <b>Please check the appropriate request</b><br><br><input type="checkbox"/> Reimbursement<br><input type="checkbox"/> Invoice Payment<br><input type="checkbox"/> Paid via CBCM Credit Card ( _____ )<br><input type="checkbox"/> Pay in Advance<br><input type="checkbox"/> Other |
| <b>Address</b>                   |  |  |
| <b>Phone Number</b>              |  |  |
| <b>Invoice Number &amp; Date</b> |  |  |

| Date         | \$ Amount | Dept. Code                            | Account Code | Description |
|--------------|-----------|---------------------------------------|--------------|-------------|
|              |           |                                       |              |             |
|              |           |                                       |              |             |
|              |           |                                       |              |             |
|              |           |                                       |              |             |
|              |           |                                       |              |             |
|              |           |                                       |              |             |
|              |           |                                       |              |             |
| <b>Total</b> | \$ -      | Approved by ( ) Budget ( ) BOD ( ) BO |              |             |

|                        |                                 |                                  |             |
|------------------------|---------------------------------|----------------------------------|-------------|
| <b>Department Name</b> | <b>PRINTED NAME (Requester)</b> | <b>Submitted By (Signature)</b>  | <b>Date</b> |
|                        |                                 |                                  |             |
| <b>Department Name</b> | <b>PRINTED NAME (Approver)</b>  | <b>Authorized By (Signature)</b> | <b>Date</b> |
|                        |                                 |                                  |             |

**Receipt Requirements:**

1. Original receipts must be submitted and firmly taped to 8-1/2 x 11 paper.
2. Electronic receipts and vouchers may be submitted with email approval.

**Price Comparison/Decision Statements:**

1. The purchase of items or services between \$700 and \$2,500 (except for Physical Facility) shall require 2 quotes, and a purchase decision statement shall be submitted along with this voucher.
2. For purchases exceeding \$2,500 (see exceptions in Budget Policy Article 3.2.8.3), a price comparison report (e.g. comparing prices and/or specs of product and services, etc.) consisting of 3 quotes shall be reviewed by the Budget Committee (BC) prior to actual purchase.

|                                       |             |
|---------------------------------------|-------------|
| <b>Finance Dept. Deacon Signature</b> | <b>Date</b> |
|                                       |             |
| <b>Check Prepared By</b>              | <b>Date</b> |
|                                       |             |