

Check Number _____

Check Amount _____

Check Date _____

Chinese Bible Church of Maryland Check Request Form

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

Date	Amount	Dept. Code	Account Code	Description
\$ -		Total	Approved by (<input checked="" type="checkbox"/>) Budget (<input type="checkbox"/>) BOD (<input type="checkbox"/>) BOE	

Department Name	Date	PRINT NAME (Requester)	Submitted by (Signature)
Department Name	Date	PRINT NAME (Approver)	Authorized by (Signature)

Receipt Requirements Original receipts must be submitted and firmly taped to 8 1/2 x 11 paper.
 *** Purchase of an individual item or service between \$600 and \$2000 shall require two price references and a purchase decision statement shall be submitted along with the Check Request Form(Voucher).
 Purchase of an individual item exceeding \$2000 requires a price/commodity comparison report(e.g. comparing price and/or spec of product/service, etc) to be reviewed by the BC prior to actual purchase.

Price Comparison/Decision Statement:

Finance Department use only

Finance Dept. Deacon Signature	Date	Budgeted Amount
		(<input type="checkbox"/>) Within Budget (<input type="checkbox"/>) Outside Budget
Check prepared by	Date	Budget Balance: