

7750 North 60<sup>th</sup> St.  
Milwaukee, WI 53223  
(414) 371-5000

# REQUEST FOR CHECK

Christ the King Finance Office

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Ministry Name: \_\_\_\_\_ Date Check needed: \_\_\_\_\_

Signature of Ministry Leader \_\_\_\_\_ Amount of Check?: \_\_\_\_\_

Date of Function: N/A \_\_\_\_\_

Organization Check Payable To: \_\_\_\_\_

Address: \_\_\_\_\_

Attn: \_\_\_\_\_

City: \_\_\_\_\_ State WI Zip Code \_\_\_\_\_

Telephone number: ( ) \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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**NOTE:** check request should be turned in at least seven (7) days before the check is needed. All receipts should be turned in at least three (3) days after your purchase.

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(Please do not write below this line, Finance office use only)

Pastor's Initials of Approval: \_\_\_\_\_ Account Number: \_\_\_\_\_

Finance Office Initials: \_\_\_\_\_

Check Number: \_\_\_\_\_

Receipt received:  Yes  No