Convoy of Hope®
Check Request Form

Payable To: _____

Address: _____
_____
_____

Telephone ( ) _____

Federal Tax ID or SS#: _____
Incorporated? If not attach completed W-9 (1099 info)

Description:
_____
_____

Today's Date: _____

Amount Requested: _____

G/L Acct # (if known): _____

Date Needed By: _____

Requested By:
_____

Requesting Team:
_____

Budgeted Item (Yes/No): _____

Please check one of the following:

- ☐ **Mail Check**
- ☐ **Return to: _____**
- ☐ **Put in my box**
- ☐ **Leave at front desk for pick up**

Team Leader Approval and Signature: _____ Accounting Office Verification: _____

Finance Team Review and Approval: _____

All check requests must have Team Leader approval before check can be processed. All check requests received by Wednesday night will be processed by the end of the week. Checks should be available for pick-up by mid-day Monday of the following week.