

CHECK REQUEST FORM

updated 2/21/25

PERSON MAKING REQUEST: _____

Contact info in case of questions: email _____ phone _____

DATE OF REQUEST*: _____ AMOUNT REQUESTED: \$ _____

*NOTE: requests completed by Wednesday at 4PM, will typically be sent out the Monday, otherwise they will be delayed one week.

ISSUE CHECK TO: _____

Please mail to (address)

Please leave in my church mailbox

This is a donation in-kind, please do not cut a check

ITEM(S) PURCHASED**:

**Please attach itemized cash register receipt or invoice requesting payment.

Please mark the applicable Budget category(s) below and fill in amount to each category:

SENIOR PASTOR

Auto Allowance \$ _____
Education/Books \$ _____
Medical \$ _____
Prof Expenses \$ _____

ASSOCIATE PASTOR

Prof Expenses \$ _____
Auto Allowance \$ _____
Education/Books \$ _____

FACILITIES

Building Improvements \$ _____
Furniture \$ _____
Garbage \$ _____
Hospitality Products \$ _____
Carpets \$ _____
Maintenance Supplies \$ _____
Parking Lot \$ _____

PERSONNEL

Youth D Prof Expense \$ _____
Youth D Auto Allowance \$ _____
Youth D Education/Book \$ _____
Music D Auto Allowance \$ _____
Music D Education/Book \$ _____
Personnel/ \$ _____
Other Staff Expenses \$ _____

MISSIONS

PCUSA Giving \$ _____
100th anniv. expense \$ _____

OFFICE EXPENSE

Copier \$ _____
Misc. Office Expense \$ _____
Office Equipment \$ _____
Office Supplies \$ _____
Paper \$ _____
Postage \$ _____
Software/Hardware \$ _____
Webpage \$ _____

MUSIC & WORSHIP

CCLI/One License \$ _____
Choir Music/Supplies \$ _____
Instrument Tuning \$ _____
Instrumental Music \$ _____
Liturgical Paraphernalia \$ _____
M&W Misc. Expenses \$ _____
Musicians \$ _____
Organ Maintenance \$ _____
Temp Organist \$ _____

OUTREACH

Adult Program Expense \$ _____
Advertising \$ _____
Childcare \$ _____
Church & Community \$ _____
Fellowship Events \$ _____
Library \$ _____
Membership Expense \$ _____
New Members \$ _____
Women's Ministry \$ _____

YOUTH & CHILDREN

Children Curriculum \$ _____
Children Supplies \$ _____
Children Training \$ _____
/Recognition \$ _____
Youth Curriculum \$ _____
Youth Program/Events \$ _____
Youth Supplies \$ _____

SESSION

Generosity Team \$ _____
Leadership Training \$ _____
Per Capita \$ _____
Pulpit Supply \$ _____
Session Expense \$ _____
Session Lunch Expense \$ _____
Staff/Elder Recognition \$ _____

DEACONS

Communion Supplies \$ _____
Community Assistance \$ _____
Deacon misc. Expenses \$ _____
Homeless Shelter/Meals \$ _____
Housing Assistance \$ _____
Memorial Expenses \$ _____
Sacred Heart \$ _____
Second Harvest \$ _____
WP Members Assistance \$ _____

This is a Non-Budgeted (in and out accounts) please describe the fund/event, the committee or leader in charge and fill in the amount

\$ _____

Signature of Ministry Leader***: _____ Date: _____

*** Note: Request will be denied without proper signature

EMAIL FORM TO INFO@WESTPRES-SJ.ORG or LEAVE IN THE CHURCH ADMINISTRATOR'S BOX