Providence Baptist Church

CHECK REQUEST

DATE _____

AMOUNT REQUESTED _____

MAKE CHECK PAYABLE TO Name _____

Address _____

City, State _____ Zip _____

PURPOSE_____

CHARGE TO ACCOUNT NUMBER_____
(Ask your Committee Chairperson if your unsure what account needs to be charged)

DATE REQUIRED_____

REQUEST MADE BY_____

COMMITTEE CHAIR APPROVAL _____

ALL INFORMATION MUST BE COMPLETE FOR THIS REQUEST TO BE PROCESSED.

UPON COMPLETION, SUBMIT TO

Sandi Archambault
Office Manager
Providence Baptist Church
294 Seven Farms Drive
Charleston, SC 29492
843/971-5275

REVISED 08/03