

Southwestern Assemblies of God University

CHECK REQUEST

DATE: _____

ACCOUNT: _____

AMOUNT: _____

Mail: _____

ACCOUNT: _____

AMOUNT: _____

Pick up: _____

Paymerang: _____

ACCOUNT: _____

AMOUNT: _____

PAYABLE TO: _____

TOTAL: _____

ADDRESS: _____
(required) Street City State Zip

REASON FOR REQUEST: _____

SPECIAL INSTRUCTIONS: _____

*Please include digital signature or e-mail budget approval with PDF. Please do not type in name only.

BUDGET DIRECTOR: _____
Date

AREA ADMINISTRATOR: _____
Date

ACCOUNTING OFFICE: BUDGET: Yes _____ No _____ _____

FINANCE APPROVAL: _____
Date

ACCOUNTING OFFICE USE ONLY	
CHECK #	_____
CHECK DATE	_____