

***Hope Christian Center***  
**VOUCHER/CHECK REQUEST**

DATE \_\_\_\_\_

CHECK NO. \_\_\_\_\_  
TO BE INSERTED BY FINANCE COMMITTEE

Requested by (Ministry/Even/Budget Category) \_\_\_\_\_

Department \_\_\_\_\_

Amount \_\_\_\_\_ \$ \_\_\_\_\_

Payee \_\_\_\_\_

Budget line Item/Purpose \_\_\_\_\_  
\_\_\_\_\_

Is this amount within your approved budget?  Yes  No

Date of Event \_\_\_\_\_

Requested by \_\_\_\_\_

**Approval**

All request require approval by Department Head.

Department Head: \_\_\_\_\_  
(Print and Sign) (Date)

Authorization: \_\_\_\_\_  
\_\_\_\_\_