

CHECK REQUEST FORM

New Trinity Missionary Baptist Church
 PO Box 827 / 115 S. Robertson Street
 Clayton, NC 27520

Today's Date: _____

Payable to: _____

Address: _____

City/State: _____

Zip Code: _____

Payee Federal ID #/NA: _____

Description of Expense: _____

Auxillary Head: _____ Date: _____

Trustee: _____ Date: _____

Trustee: _____ Date: _____

Treasurer: _____ Date: _____

Operations Accounts			
<input type="checkbox"/> NEW MEMBERS	<input type="checkbox"/> GOAL SETTERS	<input type="checkbox"/> MORTGAGES ___ 217 2 nd St.	<input type="checkbox"/> SUNDAY SCHOOL DEPT. ___ Literature
<input type="checkbox"/> Midday Bible Study	<input type="checkbox"/> PAYCHEXS	___ 338 2 nd St.	<input type="checkbox"/> PASTOR
		___ 2 nd St.	___ Literature
<input type="checkbox"/> MAINTENANCE	<input type="checkbox"/> MINISTRY	<input type="checkbox"/> TRANSPORTATION	___ Travel
___ House	___ Men	<input type="checkbox"/> SUMMER CAMP	<input type="checkbox"/> TAPE MINISTRY
___ Church	___ Women	___ VBS	<input type="checkbox"/> Music Department
___ Lawn	___ Adult	___ Trip	___ Minister of Music
<input type="checkbox"/> INSURANCE	<input type="checkbox"/> UTILITIES	<input type="checkbox"/> SEXTON	___ Drummer
___ Church/House	___ Gas	___ Supplies	___ Pianist
___ Van(s)	___ Electrical		___ Organist
___ Tax	___ Water		
<input type="checkbox"/> SEED		<input type="checkbox"/> FLORAL	<input type="checkbox"/> FOOD BANK
<input type="checkbox"/> COMPUTER LAB	<input type="checkbox"/> HOSPITALITY	___ Funeral	___ Other
	___ Church Function	___ Event	
<input type="checkbox"/> REIMBURSEMENT	___ Funeral	<input type="checkbox"/> PAYROLL	<input type="checkbox"/> TRAVEL
	___ Kitchen Supplies	___ QTR/TAX	___ Trip
<input type="checkbox"/> COMMUNION		___ FED/TAX	
		___ STATE/TAX	<input type="checkbox"/> OTHER

Check Amount: _____

Check Number: _____