



SOUTH CENTRAL CONFERENCE OF SDA CHECK REQUEST FORM

Revised: 5/2023

| | | | | |
|-----------------------------------------------|--|-----------------------------------------|--|--|
| | | DATE OF REQUEST: | | |
| PAYABLE TO: | | AMOUNT: | | |
| ADDRESS: | | | | |
| CITY, STATE, ZIP CODE: | | | | |
| <i>Check here if this is a travel advance</i> | | TRAVEL DATES: | | |
| PLACE OF TRAVEL/MEETING: | | | | |
| PURPOSE/DESCRIPTION: | | | | |
| DEPARTMENT NAME: | | LINE ITEM TO CHARGE: | | |
| SUBMITTED BY: | | CONTACT # <i>(cell phone)</i> | | |

| | | |
|--------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> PLACE CHECK IN OFFICE MAILBOX | <input type="checkbox"/> MAIL CHECK TO ADDRESS ABOVE | <input type="checkbox"/> OVERNIGHT CHECK (\$40 FEE) |
|--------------------------------------------------------|------------------------------------------------------|-----------------------------------------------------|

CHECKLIST: BE SURE TO INCLUDE THE FOLLOWING DOCUMENTS AS NEEDED

PLEASE CHECK BOX INDICATING WHAT SUPPORTING DOCUMENTS ARE ATTACHED

INVOICE
 CONTRACT
 ORIGINAL RECEIPT
 W-9
 REGISTRATION FORM

YOUR REQUEST WAS DENIED FOR THE FOLLOWING:

- NO SUPPORTING DOCUMENTS
- NO W-9 ON FILE OR ATTACHED
- OTHER: _____

BELOW FOR OFFICE USE ONLY

| | | | | | |
|----------------------------------|---------------------------|--------------------------------------------|------------------------------|--------------------|--|
| | APPROVED | | DISAPPROVED | BY: | |
| ACCOUNT # | SUB ACCOUNT | FUND | FUNCTION | RESTRICTION | |
| BANK TO WRITE CHECK FROM: | REGIONS/OP FUND (110) | EVANGELISM/CITIZENS (440) | BANK OF AMERICA/FHES | | |
| | SUNTRUST/BLD FUND (270) | 5 TH THIRD/SPECIAL EVENTS (577) | M. STANLEY/RETIREMENT | | |
| | REGIONS/PLANT FUND (1000) | REGIONS/FHES | 5 TH THIRD / FHES | | |
| AUTHORIZED SIGNATURE: | | | | | |