



SOUTH CENTRAL CONFERENCE OF SDA CHECK REQUEST FORM

Revised: 10/072025

		DATE OF REQUEST:		
PAYABLE TO:		AMOUNT:		
ADDRESS:				
CITY, STATE, ZIP CODE:				
	Check here if this is a travel advance		TRAVEL DATES:	
PLACE OF TRAVEL/MEETING:				
PURPOSE/DESCRIPTION:				
DEPARTMENT NAME:		LINE ITEM TO CHARGE:		
SUBMITTED BY:		CONTACT # (cell phone)		
	PLACE CHECK IN OFFICE MAILBOX		MAIL CHECK TO ADDRESS ABOVE	OVERNIGHT CHECK FEE: \$80

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 (150)		EVANGELISM/CITIZENS (440)	BANK OF AMERICA/FHES
		SUNTRUST/BLD FUND (270)		5TH THIRD/SPECIAL EVENTS (577)	M. STANLEY/RETIREMENT
		REGIONS/PLANT FUND (1000)		REGIONS/FHES	5TH THIRD / FHES
AUTHORIZED SIGNATURE:					