



# MT. CARMEL BAPTIST CHURCH OF BATON ROUGE

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Dr. Andra Johnson, Pastor

## CHECK REQUEST FORM

Date of Request: \_\_\_\_\_ Amount of Check: \_\_\_\_\_

Date Check is needed by: \_\_\_\_\_

Ministry: \_\_\_\_\_

Ministry Representative Signature: \_\_\_\_\_

### Make Check Payable to: (Please complete all information)

FULL NAME:

ADDRESS:

CITY:  STATE:  ZIP CODE:

PHONE:  EMAIL:

**NOTE: PLEASE ALLOW TWO WEEKS BETWEEN REQUEST DATE AND DATE CHECK IS NEEDED FOR PROCESSING**

### Purpose of Check:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OFFICE USE ONLY

Approved by: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Check Date: \_\_\_\_\_ Check Written by: \_\_\_\_\_