Ambassador Check Request

Date: _____

Name: _____
Company: _____
Address: _____
_____

Social Security Number:
(only necessary if performing a service for the church or ministry, i.e. not a reimbursement)

Fund money should come from: *(will assume General Fund unless marked otherwise)*
☐ General ☐ Missions ☐ Servant ☐ Multiplication

Account #	**Item Description**	**Amount**

Total Amount Requested: _____

Submitter: _____
Person requesting money

Team Leader Approval: _____
Necessary only if submitter is not a staff member, or if account requesting is not your own

Secondary Acknowledgement: _____
ALL REQUESTS MUST HAVE TWO SIGNERS.
This must be signed by the Senior Pastor or the Church Treasurer

Date Paid:	Check #:	Treasurer Initials:

** PLEASE PHOTO COPY AND ATTACH RECEIPTS **