

# Restoration of Life Ministries International

## CHECK REQUEST FORM

REQUESTOR'S NAME: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

DATE: \_\_\_\_\_

AMOUNT REQUESTING:

## PAYEE INFORMATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ STATE/ZIP: \_\_\_\_\_

FEDERAL ID: \_\_\_\_\_

REASON FOR EXPENDITURES:

\_\_\_\_\_

\_\_\_\_\_

## APPROVALS

SIGNATURE \_\_\_\_\_

SIGATURE \_\_\_\_\_

**(2 SIGNATURES REQUIRED IF OVER \$200)**