

THE  
**RIVER**  
ASSEMBLY OF GOD

**For Advance Requests:**

- \***Department Head only**-email completed form to info@theriverag.com
- \*Completed/Printed copies may be submitted to church office.

**For Reimbursal Requests:**

- \*Submit all receipts along with completed form to church office.

**For questions regarding this process:**

- \*Email info@theriverag.com

**Check Request**

**Department:** \_\_\_\_\_

**Total Check Amount: \$** \_\_\_\_\_

**Date Needed:** \_\_\_\_\_

*Must be 7 or more days from today*

**Itemized Request Description:**

Amount: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payable to:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Department Head Approval Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Contact Information: *please print***

Name \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

*Check will be mailed to this address*

*Check approval email will be sent here*

**For Office Use:**

Date Approved: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check # \_\_\_\_\_