Bethlehem Baptist Church

Check Request - Financial Request & Authorization Form (FRAF)

Check Request• Reimbursements • Cash Advance

(Please allow 7 – 10 business days to process funds)

GENERAL INFORMATION

Date Requested:_____ **Date Needed:**_____ **Total Amount: $**_____

Check Payable to:_____ **Email:**_____

Address:_____ **Phone No.:**_____

City_____ **State**_____ **Zip**_____

Mail Check? ◯ **Yes or Leave at Front Desk?** ◯ **Yes Other Instructions**_____

Description/Comments_____

TRANSACTION TYPE

☐ **Check Request** ☐ **Reimbursement** ☐ **Cash Advance (Receipts must be turned in)**

Ministry Name:_____ **Cluster:**_____

Please note: Account numbers MUST be included in the request or the request will be returned to the requestor.		
Account Number	**Amount**	**Date & Description**
	$	
	$	
	$	

Please staple receipts and other supporting documents to this form.

REQUIRED SIGNATURES (Requestor CANNOT be an Approver)

Requestor Signature:_____ **Print Name:**_____

Approver 1 - Signature of approval:_____ **Print Name:**_____

Approver 2 - Signature of approval:_____ **Print Name:**_____

Authorized Approvers & Signers		
Requestor/Ministry	**Approver 1**	**Approver 2**
Ministry Member	Ministry Leader/Officer	Cluster Leader
Ministry Leader	Ministry Treasurer/Officer	Cluster Leader
Cluster Leader	Pastor/Treasurer/ Deacon	Pastor/Treasurer/ Deacon
Staff	Supervisor/Director	Pastor/Treasurer/ Deacon
Pastor	Treasurer/Officers of Deacon Ministry	Treasurer/Officers of Deacon Ministry

FOR FINANCE OFFICE USE ONLY

Form 1099 (payee)* _____ *Obtain Form W-9 from payee

Account Number:_____ - _____ - _____ - _____ - _____

Date Received:_____ Date Entered:_____

Date Paid:_____ [ ] – Check | [ ] – Online Date Filed:_____

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