

**ADVENT LUTHERAN CHURCH -- SPIRITUAL DEVELOPMENT -- CHECK REQUEST**

<b>Date:</b>	_____ <b>Church Debit Card Used -- check if YES</b>
<b>Make check payable to the following:</b>	<b>Mail Check</b> _____ <b>Hold check</b> _____ <b>Put in mailbox</b> _____
Name:	
Address:	
Address line 2:	

<b>Check Amount:</b>	<b>Date Needed:</b>
Please provide a full description of what we are paying for and attach invoices or other supporting documentation and/or special instructions for check:	

**The following BUDGET LINE ITEMS require a check request. Please indicate the budget line item to charge if appropriate. If one is needed other than listed here, please add below for "Other":**

___ Preschool Sunday School	___ LL Quarterly events	___ Confirmation literature/Bibles
___ Childrens' Sunday School	___ K4C Blessing of backpacks	___ Conf Evening Honor/Faith Chests
___ Youth Sunday School	___ K4C 1 <sup>st</sup> Communion	___ Conf special program expense
___ Adult Education	___ K4C Group Meetings	___ 812 Senior Blessing
___ VBS	___ Mustard Seeds First Bibles	___ 812 First Fridays
___ Rally Day Celebration	___ Mustard Seeds Group Meetings	___ Kairos
___ Lenten Devotional	___ Mustard Seeds BYG Camp Leader cost	___ College Age Milestone
___ LL Baptism Ministry	___ RT67 Milestone of Witness & Service	
___ LL Story Bibles	___ RT 67 Group meetings	
___ OTHER:		

**Please indicate the SPECIAL FUND to be used if appropriate. Others may be added as appropriate and necessary. Ensure money is available before submitting:**

___ SD-Bible Studies	___ SD-Synod Grant for Interns	___ SD-Mustard Seeds Group
___ SD-BYG Camp Scholarships	___ SD-VBS	___ SD-RT 67 Group
___ SD-Childrens' Church	___ SD-Via de Cristo Scholarships	___ SD-Youth Internal Activities
___ SD-Confirmation Ministry	___ SD-Youth Easter Breakfast	___ SD-Youth Mission
___ SD-Day Camp	___ SD-812 Group	___ SD-Youth Outside Events
___ SD-Spiritual Devel Discretionary	___ SD-Kids For Christ Group	___ SD-Youth Room Renovations
___ SD Library	___ SD-Little Lambs Group	___ SD-Youth Trips
___ Other		
___ Other:		

**SIGNATURES (2 required for each check request):**

<b>Requester (required):</b>	Date:
Signature: →	
<b>Authorizing Party (required): (Board chair, council rep, or other associated person)</b>	Date:
Signature: →	
<b>If over \$5,000, Executive Council approval is also required:</b>	Date:
Signature: →	

*Please attach invoice(s) or other supporting documentation and have 2 signatures before submitting. Completed forms may be placed in mail slot for Church Administrator in cabinet above large copier., Copy to be retained by board/committee chair.*