

BLD TRENTON FOUNDATION INC. Treasury Ministry

CHECK PAYMENT REQUEST

DATE:		AMOUNT:		
PAYEE:First Name		Last Name (Please print legibly)		
PURPOSE: [] FOOI			[] STIPEND	
OTHERS (Speci	fy)			
MINISTRY APPROVA	L:			
[] Intercessory [] Teaching [] Word [] Jeremiah	[] MLA/FLA [] LSA	[] Youth [] John 6	[] Treasury [] Secretariat	
OTHERS (Speci	fy)			
Ministry Coordinator – PLEASE ATTACH YO Reimbursement of \$500	UR RECEIPT (s)			
DCS Print Name & Signature		DCS Prin	DCS Print Name & Signature	
		y Ministry use only		
Check #: Date Issued:		A	Amount:	
By:				
Check Payment Received by:		Date:		
Print Name & Sig	nature			