

**EBENEZER BIBLE FELLOWSHIP CHURCH**

**REQUEST FOR CHECK**  
Form FP2

Please issue check to:

Name:		In the amount of:	
Street Address:		Due Date:	
City:		State:	Zip:

Account Number:	Amount \$	Reason / Memo:

Requested by:		Date:	
Approved by:		Date:	
Check Number:		Date:	

This is a budgeted item and falls within the approved budgeted amount or has been approved by the Elder Board or Finance Committee.

yes:	no:
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