

## ALL MINISTRY CHECK REQUEST FORM

Ministry Name: \_\_\_\_\_

Requestor Name: \_\_\_\_\_

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

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

Payee: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Event: \_\_\_\_\_

Reason/Purpose: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach invoices or receipts to substantiate purchase.

St. James is a tax exempt organization and we do not reimburse for sales taxes.

Please use the Sales Tax exemption letter when making purchases.