



Apostolic Faith Church

3823 South Indiana Avenue • Chicago, IL 60653 • (773) 373-8500 • Fax (773) 373-6902

Bishop Horace E. Smith, M.D., *Pastor*

Check/Credit Request

Submission Date _____

Needed By _____

ALLOW 7 – 10 BUSINESS DAYS

Amount \$ _____

Please attach invoice(s) and/or original receipts
(If Applicable)

Please Check One: Check Credit Other _____

Payable To: _____

Address: _____

City, State ZIP: _____

For: _____

List Description Here

Requested By: _____

Phone #: _____

Ministry/Department: Daytime Evening

Distribution Options:

Mail Place in Auxiliary Mailbox Other *(please explain)* _____

Approved By:

Please note that all four
(4) signatures may be
needed prior to request
being processed.

Ministry /Department Leader

Ministry Lay Director

Department Director

Pastor / Church Administrator

For Office Use Only: _____
